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EDITORIAL COMMENT

RELIEF FUND DAY.

A new suggestion has reached us in regard to the date to be chosen for Relief Fund Day. Mrs. Lydia Giberson Crass, first chairman of the Nurses' Relief Fund Committee, and always an interested and enthusiastic worker for it, suggests that if July 27th, Miss Richards' birthday, seems too late a date for any state association, a good alternative would be June 3rd. June 3, 1921, will be the tenth birthday of the Relief Fund, for it was on June 3, 1911, in Boston, that the "Committee on Pension Fund," of which Miss Giberson was chairman, made its report, outlining a plan for a fund to be used for temporary relief of nurses who are ill. As all committees previously appointed had found the problem of the establishment of a pension fund too complicated to be practicable, Miss Giberson's suggestion was hailed with joy as one which could be put into effect at once, and at that convention, pledges were made amounting to several hundred dollars. This little capital formed the nucleus of the Relief Fund which has now, through numberless small donations of nurses everywhere, grown to the goodly sum of \$28,000. When we remember that for a number of years relief had been given from this fund to an increasing number of applicants, its growth seems truly remarkable.

Any association which does not understand the purpose of the Relief Fund should send to the secretary of the Committee for one of the little folders, "When your ship comes in." After reading it, we hope the association will send again for a sufficient number for the whole association membership.

The Hospital of the Good Shepherd Alumnae in Syracuse, N. Y., has set a good example in increasing its dues by \$1 per capita, the added dollar for each member to be sent to the Relief Fund.

RESIGNATION OF ANNA C. MAXWELL.

It is with sincere regret that we learn of the resignation of Anna C. Maxwell as Director of the School of Nursing of the

Presbyterian Hospital, New York City, after a continuous service of almost thirty years.

Miss Maxwell is one of the group of pioneers in the organization of Schools of Nursing in this country and to her genius for perfection of detail in practical procedures we owe much of the best nursing technique found in the wards of our hospitals today.

Through her textbook on practical Nursing, which was written in conjunction with Amy E. Pope, and which is now in such general use, she has given to the profession at large the benefit of her long experience; and through the graduates of the schools she has organized, has spread the gospel of good nursing not only in this country but abroad.

She has always been ready to use her influence for the advancement of nursing ideals and has been an important factor in the formation of our organizations and in securing legislation which has placed nursing on a basis with other professions.

She with others was instrumental in obtaining military rank for members of the Army Nurse Corps.

With all her wide interests she has never been too busy to give a cordial greeting to any nurse wishing advice or assistance.

Through her resignation the School of Nursing of the Presbyterian Hospital will suffer irreparable loss.

ENDOWMENTS FOR SCHOOLS OF NURSING.

Hospitals are now, as in many years past, staggering under their loads of responsibility to the public, trying to give adequate nursing care to the patients, who constantly fill their wards to capacity, and at the same time fill the demand, which is put upon them, of sending out nurses who are well qualified to solve present day nursing problems.

From all over the country there comes a cry for nurses,—better trained nurses,—not only to care for the sick but to fill positions as teachers, administrators, executives, and leaders in the great work of preventive medicine which means health and happiness to millions. Hospitals are unable to supply this demand because their teaching facilities are inadequate, their funds are insufficient to permit the establishment of their schools of nursing on an equal basis with other professional schools, and they are, therefore, unable to attract well qualified students in sufficient numbers to meet the needs of the public.

Colleges, universities and professional schools have placed upon the public the responsibility for their existence and the public, realizing the great need, has accepted the obligation. Schools of nursing

are the only institutions, up to the present time, which have made no appeal and have not been benefited in any way from the generous gifts bestowed upon other educational work. They now have no independent existence, but must depend upon the hospital with which they are connected for funds to carry out their work. The hospitals, however, after fulfilling their purposes of caring for the sick and carrying on the great work of the prevention of disease, have left small resources with which to conduct schools of nursing.

May the time not be far distant when schools of nursing may be endowed and placed upon a basis equivalent to that of other professional schools. The Alumnae Association of the School of Nursing of the Johns Hopkins Hospital has taken the initiative in asking the public for an endowment fund of one million dollars. It is, indeed, an effort worthy of hearty support. May it not be an inspiration to other schools of nursing to work for the recognition and support which they so sorely need.

STUDENT CONFERENCES.

Student conferences, which have been held during the summer months of the past few years under the direction of the Young Women's Christian Association, have been of real benefit to the nurses attending them. The contact with other students promotes a new spirit and broader view toward the life in our training schools. Some hospitals send students to these conferences as a reward for high standings and are repaid by the inspiration and enthusiasm which they receive and bring back to the student body.

Student nurses of the training schools of the middle west are invited to attend a college student conference to be held at Lake Geneva, Wisconsin, from August 23 to September 2.

It is expected that there will be seven hundred university and college women students in attendance at Geneva, and it is hoped that this conference will do much toward arousing a real interest in nursing as a profession for college women.

SMALLPOX.

The Metropolitan Life Insurance Company is calling attention to the need of educating the public regarding universal vaccination.

Freedom from the disease has made us careless but statistics, which show an increase in the number of cases of smallpox in certain states between 1916 and 1920, are significant. Every year a larger percentage of people remain unvaccinated. We can only speculate on what this would mean in the event of an epidemic.

Nurses should use their influence to make people realize the

importance of vaccination, which is the only means of preventing the disease.

NATIONAL HEALTH COUNCIL.

The offices of the National Organization for Public Health have been moved to the fifteenth floor of the Penn Terminal Building, New York City.

A National Health Council was formed last fall and the members are the American Public Health Association, American Red Cross, American Social Hygiene Association, Conference of State and Provincial Health Authorities of North America, Council on Health and Public Instruction of the American Medical Association, National Child Health Council, National Committee for Mental Hygiene, National Organization for Public Health Nursing and the National Tuberculosis Association.

The object of the council is that the agencies may work together for the betterment of health and the prevention of disease in the United States. Each organization will retain full autonomy, and the new arrangement is in no sense a merger. It is an effort to bring the organizations together for economy in overhead expenses and for coöperation in health programmes.

PROGRESS OF STATE REGISTRATION.

A bill, which was introduced into the New Jersey Legislature to allow nurses who served three years in the war to become registered nurses on payment of a fee of \$10, and requiring no standards of training, we believe has been killed in committee.

Word has been received that the nurse practice bill of Missouri has had a splendid victory in both the senate and the house, having passed the house on March 18 with 94 votes for the bill and six opposed. An unimportant amendment was added which was confirmed in the senate at midnight. The governor has promised to sign the bill.

In Vermont, a bill amending the law governing registration of nurses, which was presented to the 1921 state legislature, was unfavorably reported by the Committee on Public Health and killed. The bill required affiliation for hospitals of less than twenty-five beds, two years of high school as an entrance requirement for admittance to training schools, the addition of another nurse on the Board of Registration and yearly registrations. The Vermont nurses are, by no means, considering this defeat as final.

In Arizona, the bill for state registration of nurses passed the House of Representatives on February 1 by an unanimous vote and the Senate on March 5 also by an unanimous vote. The bill was signed

by Governor Campbell on March 12 and becomes a law on June 11. The text of this bill appears in this issue under Nursing News and Announcements.

PROGRESS OF CARDIAC WORK.

Much progress is being made in the work which is being done by the Association for the Prevention and Relief of Heart Disease. An examination of 507 children suspected of having cardiac disease revealed the interesting fact that only one-third of those examined were true cardiac cases.

A home was opened last July at Mineola, N. Y., which will accommodate seventy children. The children have gained and have been much benefited by special exercises.

One result of the work has been the change in attitude on the part of the teachers, the children, and sometimes on the part of parents, who now feel that there is hope of a normal place in the world for these children.

PARLIAMENTARY LAW.

In order that associations may conduct their meetings according to parliamentary law it is necessary that their officers and members thoroughly understand its usage. This would often save time and prevent misunderstanding. "Parliamentary Usage for Women's Clubs," by Emma A. Fox, is a book of parliamentary law and practice which will be found particularly helpful and each organization should have a copy.

DEATH OF MARY W. McKECHNIE.

Word has been received of the death of Mary W. McKechnie at Dundas, Ontario, Canada, on March 18.

Miss McKechnie had been an active member of the National League of Nursing Education from its beginning, having been one of its founders. She attended its convention each year, and for six years was its treasurer. Miss McKechnie was one of the group of women who helped Isabel Hampton form the Johns Hopkins School. She held many positions of responsibility in training school work in Louisville, Kentucky; Wilkes Barre, Pennsylvania; Cleveland, Ohio; New York City; Orange, New Jersey; Mineola, Long Island, New York; Baltimore, Maryland; and Philadelphia, Pennsylvania. She had studied at Teachers College and had recently been an instructor in nursing schools in New York City.

She was noted for the thoroughness with which she conducted any work she undertook and for the high standards she upheld.

THE STORY OF THE DEPARTMENT OF NURSING AND HEALTH, TEACHERS COLLEGE, NEW YORK

BY MARY M. ROBERTS, R.N.

Timely, indeed, is Miss Maxwell's pithy account of the early training school conditions. After reading that story, realizing all that our pioneer nurses have accomplished, one faces with renewed courage the hydra-headed problems of today. Like a draught of strong wine, too, was an informal talk which Miss Nutting recently gave at the request of a group of students, in which she traced the fortunes of the Department of Nursing and Health through its brief span, educationally speaking, of life. It is not possible to transcribe either the humorous whimsicality nor the depth of feeling with which parts of the story were told but every listener was most profoundly impressed with the breadth of vision and judgment and the dauntless courage that have made the great school for graduate nurses possible.

As Miss Nutting is far too modest to dwell upon her own contribution to the achievements of the department, her story has been supplemented with many facts culled from reports to the Society of Superintendents (now the National League of Nursing Education) and from the resulting discussions.

Anything approximating an evaluation of the professional influence of the department is impossible, so interwoven into the very fabric of our modern nursing are the golden threads of its spirit and the pliant tenacious warp of its courageous farseeing teaching. The thousand nurses who have come and gone from the department in the last twenty years have carried with them a flame of inspiration fed from two sources; the beautiful and deep-rooted traditions of the nursing profession itself, and the ideals of those who teach, believing that

"God uses us to help each other so
Lending our minds out."

The union of these two sources is due to the vision of Isabel Hampton Robb, that great-souled and magnetic leader whom American nurses love to honor. It was in 1898 that she stirred the Society of Superintendents to action by a paper in which she summed up the needs of the rapidly growing schools for nurses. Her experience as a superintendent of nurses and the difficulties of her assistants in facing their teaching problems, had made her feel keenly the need for some kind of preparation for the younger women who were to occupy such positions.

Formulation of plans for some sort of connection with a training school for teachers was turned over to a committee of which Mrs. Robb, Miss Nutting, Miss Davis, Miss Banfield and Miss Walker were members. In Dean Russell of Teachers College the committee found a rare open-mindedness that made it possible for him to appreciate the need, so earnestly and forcefully was it expressed. Indeed, Dean Russell has since said that an inspection of just one school for nurses was sufficient to prove to him the serious need of better educational methods. They later came to appreciate how, through his gift for democratic leadership, he succeeded in bringing together a faculty that is world famous for its learning and its generously democratic and coöperative spirit; a faculty that has unfailingly supported and enriched the work of the new department from its inception. Teachers College was then just beginning its work, a new adventure in the field of education, with its emphasis on the teaching of practical arts and ideas that were rather revolutionary in the whole field of teaching.

Careful study and further conferences resulted in the announcement of a course in "Hospital Economics," which was opened in the Autumn of 1899 under the general supervision of the Department of Domestic Science. It had at first been stipulated that the course could be given only if twelve or more students registered, or if an endowment was provided, but the first class consisted of only two students and the Society of Superintendents made itself responsible for any additional expenditure required.

The course was based on work already given in the college. This included courses in Psychology, (Education A was required, even then!), Methods, Household Chemistry, Nutrition, Biology, and a new course in Hospital and Training School Management. What a contrast to the rich repast spread today for those who will choose, in nursing subjects alone, from about thirty courses!

The committee was responsible for supplying the lectures for the new professional courses and for the administrative work, including passing upon applicants. The lecturers included Miss Walker, Miss Banfield, Mrs. Robb and Miss Nutting. All were non-residents, all were doing important work, and all served gratuitously; continuing the "labor of love" for a number of years. Miss Nutting chose among other things to give the lectures on the History of Nursing. One wonders if the history to which we are all so indebted would yet have been written had she chosen another subject! In this fashion, on the basis of voluntary contributions from the hard working members of a society totaling less than one hundred, the first collegiate course for graduate nurses in the world was established.

It was quickly found impossible to handle all the details of the course through the committee. Anna Alline, one of the venturesome two, who had received the certificate upon completion of the first year of work, was asked to remain as supervisor of the course. This she did, at great personal sacrifice, continuing the work until she became the first Inspector of Training Schools in the State of New York. Report after report of the committee to the Society of Superintendents speaks of Miss Alline's devotion and of her patience in interpreting the needs of the students to the college and the resources of the college to the students.

These were years of constant effort on the part of the committee to stimulate interest and to secure funds to keep the course alive. Enrollment fluctuated but by 1907 the committee was able to report steady growth both in enrollment and in the interest of the college in the work and a forward step was made by expanding the course to two years.

In 1907, Miss Nutting, who had been since 1894 superintendent of nurses at Johns Hopkins, was called to the college to establish a new Department of Household Administration which would include the division of Hospital Economics. Miss Nutting was chosen "because of her rare intellectual and executive ability and love of her profession" and was the first nurse in the world to occupy a chair on a college faculty. It was in this year, also, that the first B.S. degree was granted to a nurse.

Endowed with the power, as well as the dignity of a department head, Miss Nutting began at once to enlarge the scope of the work. What the college did not give was sought elsewhere. Dr. Devine, then Professor of Social Economy at the university, was persuaded to open graduate courses to nurse students, and other departments were studied to see what they might have to offer.

Before any demand had come for public health training Miss Nutting seems to have foreseen the new drift toward the social and preventive aspects of nursing and had secured speakers on rural problems, industrial work, and other phases of what is now called Public Health Nursing.

The department was growing stronger but needs in the field were multiplying. With only sixteen students enrolled in 1910 the department received, in that one year, one hundred and fifty requests for its graduates! Hospitals were beginning to ask for specially trained instructors in addition to trained superintendents of nurses. This was followed by requests for visiting nurses, school nurses, infant welfare workers and tuberculosis nurses.

The college had, at that time, little to offer in the new branches

of nursing. In her eager search for some way of supplementing its resources Miss Nutting conferred with Miss Lillian D. Wald, who, in turn, brought the needs of the struggling young department to the attention of Mrs. Helen Hartley Jenkins, a well known philanthropist and trustee of the college. Mrs. Jenkins' gift of \$150,000 made possible a reorganization from which emerged the Department of Nursing and Health with an augmented staff and a name indicating the newer and broader conception of the work. A later gift of \$50,000 was evidence of Mrs. Jenkins' appreciation of the work accomplished. From this reorganization dates the close connection with Henry Street (Miss Wald's inspired work), that is one of the department's most valuable assets.

Three distinct branches of work were organized: Training School Administration, Teaching in Training Schools, and Public Health Nursing. The department thus became the pioneer in establishing university courses in Public Health Nursing. Many nurses will recall the inspiring enthusiasm with which Ella Phillips Crandall conducted her share in this work.

New courses such as Sanitary Science, Social Science, and various courses in hygiene were organized and became very popular with students throughout the college. Indeed, the Department of Nursing and Health has been the means of enriching the whole curriculum of the college, especially in subjects having to do with health, and with social and community problems. An example of this is the course in Rural Sociology, which started in the request of the nursing department for a few lectures dealing with the special problems of rural nursing and health work.

Recognizing the growing importance of providing more graduates with sound educational backgrounds the department in 1917 opened its doors to undergraduate students. The course, planned to cover five years, comprises an almost equal division of time between the college and the Presbyterian or St. Luke's Hospital. This combined course leads, as in a few other university schools, to the diploma of the School for Nurses and a degree from the college. This feature has not yet been greatly emphasized but the department is hopeful that, in time, it may be the means of putting an increasing group of well qualified young women in the field.

This, however, is not the only undergraduate group in the department, as senior students from the training schools affiliating at Henry Street are given certain public health courses by the college. About seventy-five enthusiastic students are fortunate in securing this work each term.

A third group of undergraduates under the jurisdiction of the

department are those taking the course in occupation-therapy. The war created a demand for such courses which have since been continued and a few students enroll each term. Thus, although graduate nurses still make up by far the larger part of the student body, the department's usefulness is being constantly expanded.

The growth in enrollment of students has logically followed the ever-widening educational resources of the college and the demand from the field. In the pioneer years, when grave questions were still being raised as to the practicability of such work, the enrollment increased from the courageous two in 1899 to only 18 in 1910. Since 1910 the growth has been much more rapid, rising in 1915 to a total of 90, and has now, partly through the tremendous impetus given health activities by the war, reached approximately 300 in 1921. Summer session enrollments exhibit the same steady growth beginning with 3 in 1912 and rising to almost 200 in 1920.

The figures, at first glance, would seem to answer that insistent question heard on all sides—"Where are we to get people qualified to do all that is required of nurses today?" The records show, however, that in 1919-20 the department was able to fill only 17 per cent of the requests that came to it. This is due not only to the number of requests but also to the fact that many students come on leave of absence; a farsighted plan that more schools might wisely follow. The summer students in particular, come for the courses in administration, teaching, or public health that have special application to their immediate problems. The worth of six weeks so spent is reflected in the stimulus given the work in many a school or public health organization.

Students have come from all sections of the United States and Canada, and from England, Belgium, Norway, Sweden, Denmark, Finland, Italy, China, Japan, the Philippines, India, France, Germany, Porto Rico, and Siam. The class of 1919-20 represented 31 states and 7 foreign countries.

Wherever these nurses go they become active propagandists for the college, so eager are they to share its riches with fellow workers, and thus it exercises an ever-widening sphere of influence. Those returning to foreign lands carry the vision and ideals of the American system of nursing in the hope of influencing the whole course of nursing and health development in their own countries. These "Health Missioners" keep in touch with the department knowing that there always they can be sure of receiving sympathetic counsel and advice. Those remaining in this country have quite commonly become leaders in their communities, and have initiated much constructive work.

Always through their agency the democratically educational influence of the college becomes a living thing.

The contribution of graduates of the department to nursing education has been conspicuous, and rightly so, since it was for this the work was founded. About eighteen universities, including one in British Columbia and one in China have established, or affiliated with, schools for nurses. In many of them we find Teachers College graduates who, as directors and instructors, gladly acknowledge their obligation to their Alma Mater. These schools differ somewhat from the parent school in that their emphasis is placed upon the training of undergraduate nurses.

With all of this tremendous expansion of activities and output one looks for a corresponding expansion in the administrative staff. There one finds that, modern though the work of the department may be, the old ideals of devotion and self-denial are not only taught but practiced. The administrative staff still consists of only three people—Miss Nutting, Miss Stewart and Miss Hudson. Miss Goodrich, although Director of Nurses at Henry Street, is Assistant Professor of Nursing and gives an invaluable course in Training School Administration.

The list of lecturers is, however, an imposing one, and when the names of special lecturers are added becomes at once an answer to the question "Why do students come from the four corners of the earth?" Who could estimate the contribution of such nurses as Miss Strong, Miss Gardner and Miss Fox or of such well-known physicians as Dr. C. E. A. Winslow, Dr. Haven Emerson, Dr. Josephine Baker or Dr. Charles Lambert?

The contribution of the staff to nursing is by no means limited to their administrative and teaching responsibilities. The college and the department have become so widely known that conferences and correspondence with those seeking advice occupy many hours each week. Their contributions to the literature of the profession are too well known to require mention. In addition to all of this, they respond most generously to the demands of the national organizations as every nurse in the country can attest.

In speaking of the needs of the profession at large and of the department in particular Miss Nutting has said that she supposed the word "Endowment" would have to be carved on her tombstone as a final exhortation! An endowment that seemed princely in days of lower costs and fewer students is no longer adequate. The department needs many things. Most of all perhaps does it need actual control of a hospital in order to develop and demonstrate teaching and administrative technic. It needs a larger staff, it needs offices,

classrooms and laboratories. Indeed, it is not too much to say that it should be housed in its own building. What could be more splendid or direct evidence of the status of nursing than an academic hall of nursing on a campus that has welcomed not only the older professions but the younger ones of journalism and commerce? Is it too much to hope that such a dream will come true?

With all its shortcomings (as enumerated by Miss Nutting) the college is continuing to send out graduates equipped, not with a "rule of thumb" for meeting all emergencies but with a breadth of view that enables them to hold fast appreciatively and gratefully to the good in the past while they reach forward to the new in an effort to realize the ideal of full professional status, with all which it connotes of service to humanity, for nursing.

An account of student life in the college will be published at a later date.

UNOFFICIAL DRUGS AND THEIR CONTROL

BY LINETTE A. PARKER, R.N.

Lakewood, N. J.

The greater proportion of people are born healthy and their way of living makes them sick. The people of America are only 50 per cent efficient on account of ill-health and disease. Apparently our population is 100,000,000; actually only 50,000,000. This is the result of wrong feeding, cranky immoderation, not enough air and sunshine, impure and insufficient water drinking, alcohol, caffeine and nicotin addition and our awful and absurd use of drugs and patent medicines.

The preceding paragraph, quoted from a bulletin issued in 1919 by the Indiana State Board of Health, brings vividly to one's attention a serious condition of public health in our country. The evil of patent medicines, the subject of this article, is especially hard to combat because the manufacturers and vendors of these remedies are constantly spending such huge sums of money in clever and extensive advertising and because the American public so readily believes their claims.

The term, patent medicines, will be used in this article to include the host of medicinal preparations on the market which are *not official*. Comparatively few are protected by patent or trade-mark, but for convenience all will be included under the one term.

The greatest evils caused by the exploitation of patent medicines are:

1. The constant suggestion to well people that they are sick. It is well known how easily imaginative symptoms can be created in some types of mind. An attractive poster setting forth the claims of Dr. Carter's Little Liver Pills, for instance, will lead many a

person to think, "Perhaps those queer feelings I have are due to my liver. I'll try those liver pills." So the purpose of the advertisement is attained, a demand is created, and one more person is experimenting in self-medication.

2. Encouragement of self-medication. This is especially dangerous in such diseases as diabetes, tuberculosis, cancer, syphilis and the like. The early symptoms of these diseases may thereby be masked or treated ineffectually and medical advice delayed so that when proper treatment is secured it may be too late for a cure to be possible and meantime infection may be spread. The federal law prohibits any false and fraudulent claims for therapeutic effects from appearing on the label of a remedy or in circulars accompanying it and, since it cannot be proven that any remedy will be a "cure," a claim to cure has been practically eliminated from label and circular. In 1915, the federal government ruled against "Father John's Medicine" because on the label of the bottle it was stated that this medicine was a prompt and efficacious remedy for lung disease. It was found to consist chiefly of cod-liver oil. According to statistics gathered by the National Tuberculosis Association, the public pays from \$15,000,000 to \$20,000,000 a year for fake cures for tuberculosis and no doubt equally large amounts are spent for so-called cures of other diseases of equally serious nature.

3. Secrecy of composition. Every person has a right to and should know what he is taking into his system, especially if the remedy or any ingredient of it is a habit-forming drug. It is simple to take a remedy but not simple to take it back or to cure its bad effects. It has been estimated that 75,000,000 pounds of drugs and chemicals are poured every year into our delicate mechanisms and most of it is self-administered without any adequate knowledge of its composition or its rational use. How many people who take Bromo Seltzer, frequently, at soda fountains, know that they are taking acetanilid, a habit-forming drug? For a long time Syrup of Figs was so advertised that one supposed it to be a concentrated fluid preparation of the fruit, but the law for honest labels brought out the fact that it was an elixir of senna flavored with syrup of figs.

4. High cost of useless remedies or of patented names of well-established ones. Sanatogen, for example, was at one time widely advertised as "the re-creator of lost health" and "the most reliable and scientific of all nutrients." It was found to be a form of casein with a small amount of sodium glycerophosphate. It might produce a gain in weight, as was claimed, but at what price? One dollar's worth of Sanatogen would yield 332 calories, while one dollar's worth of eggs (3 cents apiece at the time) would yield 2,600 calories, and one

dollar's worth of milk (7 cents at the time) 8,850 calories. The official drug, hexamethylenamine, a urinary antiseptic, when purchased under its own name, cost 35 cents* for one hundred $7\frac{1}{2}$ grain tablets, while the same remedy under a protected name, Urotropin, sold for \$1.25 for one hundred $7\frac{1}{2}$ grain tablets. The high price of Urotropin pays, not for a superior article, but for the advertising and the special form in which it is marketed.

It has been said that where one dollar is spent in the interest of rational medicine, thousands of dollars are spent to increase the sale of patent medicines. A million dollar advertising campaign of Bayer's Aspirin is now going on and it is a certainty that as a result many people who never needed Aspirin will be taking it, many will get the habit of taking it, and the price of advertising will be paid by the public. Such is the power of advertising and the susceptibility of the human mind.

The principle of patenting an article is a good one, because the patent law requires a detailed description of the process to be patented or of the methods by which the article to be patented is made and the article and process must be new and original. To quote from the *Journal of the American Medical Association*,

No branch of our government is of greater importance to the progress of the country than the patent office, provided that office is intelligently administered. When the patent office is used, however, for an extension of the nostrum business, founded on the abuse of patent and trade-mark laws, it becomes a menace to the public health.

The chief criticism of the patent office is lack of coöperation with authorities in the field of chemistry and medicine. Consequently patents are frequently issued for articles or processes that are not new and which are worthless. For example, in 1912, a patent was granted on a cresol compound as a new and original substance which in 1903, was fully described in a chemical publication. Consultation by the patent office with chemical experts would have revealed this fact and the patent would not have been granted. In 1916, patent rights were granted on "Means for and Method of Stabilizing Secretin," a process claimed to be original, by which secretin was made in a form capable of resisting the action of the gastric juices. An investigation showed that the product of this process not only was not stable, but contained no secretin. Again consultation by the patent office with experts would have prevented the issuance of the patent.

A patent grants a monopoly on an article or process for seventeen years. After that the name or process or both become public property

* All prices in this article are approximate, as obtained from a retail pharmacist in February, 1921.

unless a trade-mark is obtained. A trade-mark gives a perpetual monopoly on a name, but places no restriction on the composition. Its object is merely identification and protection against imitation. Mrs. Winslow's Soothing Syrup, for example, is a name protected by trade-mark, but while it originally contained morphine and alcohol, it now contains neither.

As stated above, while a patent lasts, the price of a remedy is frequently exorbitant. An ounce of thymol iodine costs about \$1.30; of Aristol, the same drug under a fanciful name, \$1.80. A pint of compound solution of cresol, U. S. P., costs 47 cents; of Lysol, practically the same thing, under a name originally patented, 75 cents. A pint of the antiseptic solution, N. F., costs 60 cents; of Listerine, an almost identical solution, 84 cents.

Aspirin is a good example of the cost to the public of a patented remedy. A patent was granted by this government, in 1900, to a German firm represented in this country by Bayer & Co., on both acetylsalicylic acid (Aspirin) and the process for making it. This was practically the only country which was willing to grant the patent and, as a consequence, for seventeen years no American manufacturer could make this simple chemical, hospitals and individuals were not allowed to import it, and the American people had to pay from six to ten times as much as was paid in the greater part of Europe, and three times as much as was paid just across the border in Canada. The patent expired in 1917, and the Bayer Company, successors to the German firm, attempted to secure a permanent monopoly over the name Aspirin by a trade-mark. The courts refused to grant this. Acetylsalicylic acid is now unprotected and at least six different American firms are making it, in some cases using the name Aspirin. One hundred five-grain tablets of Bayer's Aspirin cost 80 cents; one hundred five-grain tablets of Aspirin made by other American firms, proven equally good, cost 38 cents.

The Bayer Company still claims a common-law right to the name Aspirin as its special property, but the claim is unwarranted and has not yet been granted by the courts. This company by extensive and misleading advertising is endeavoring to maintain its high price by educating the public to demand only its product. The following sentences are quoted from one of its advertisements as examples of exaggerated statements: "To-day the name 'Bayer' holds a place in the everlasting affection and appreciation of the peoples of the entire world"; "Aspirin * * * is found only in genuine 'Bayer Tablets of Aspirin'." Surely the nursing and medical professions should set their faces against any product so advertised.

Patent and proprietary remedies may be advertised in two ways,

directly to the public through newspapers, magazines, and posters, and indirectly through samples and circulars to physicians, and advertising in medical journals. The first method is more expensive but brings quicker results. The second is slower but the endorsement of the physician gives the article a higher prestige. Often manufacturers follow the indirect method by the direct.

In popular usage, articles advertised directly are known as patent medicines, those indirectly as proprietary or ethical proprietary; but in medical literature, any medicine which is in any way protected is commonly termed proprietary, and those advertised indirectly as ethical proprietary. Many of the remedies on the market are not patented and never could be, because the manufacturers refuse to disclose the composition.

The federal government exercises control over patent medicines under two laws, The Pure Food and Drugs Act and The Harrison Act. The regulations in regard to such remedies under the State Boards of Health and in some large cities, on the whole follow the principles of the federal laws and in some cases are more rigid and comprehensive.

The Pure Food and Drugs Act applies to interstate commerce only, The Harrison Act, an anti-narcotic law, to intrastate commerce as well. Briefly, The Pure Food and Drugs Act is directed against interstate commerce in misbranded articles and misbranding includes "false or misleading" claims on the label and circulars with the package as to composition and origin and "false and fraudulent" claims as to therapeutic value. Unfortunately this law has no control over advertising matter which does not accompany the package.

Dr. Groves' Anodyne for Infants was ruled against by the federal government as a misbranded article, because investigation showed it to be a flavored sugar syrup of morphine and it was claimed to remove nervous irritability in children, to invigorate teething babies, and to be perfectly safe. The government acted against a preparation of castor-oil capsules which contained from 50 to 70 per cent of cottonseed oil. If the label states that certain tablets contain five grains of Aspirin, for example, each tablet must, under this law, contain five full grains of acetylsalicylic acid. The law enforcing an honest label is a very great power in securing pure drugs.

The federal law has no further control than this over the composition of remedies except in regard to habit-forming drugs. The Pure Food and Drugs Act requires a statement on the label of the presence and amount of alcohol, morphine, opium, cocaine, heroin, alpha- and beta-eucaine, chloroform, cannabis indica, chloral, acetanilid and any derivatives or preparations of these drugs. The Harrison Act sets a maximum to the amount allowed in any remedy of

morphine, opium, codeine, heroin, coca leaves, cocaine, alpha- and betaeuaine and their compounds, derivatives, salts and preparations.

The agency which is doing most to expose fraud in medicines and to disseminate knowledge as to patent remedies is the American Medical Association with headquarters at 535 North Dearborn Street, Chicago. This special work is divided between the Propaganda for Reform Department which investigates and reports on the so-called patent remedies (those advertised directly to the public) and the Council on Pharmacy and Chemistry which deals particularly with the proprietary drugs (those advertised to physicians).

The Propaganda for Reform Department has prepared and issued the following publications: *Nostrums and Quackery*, *Great American Fraud*, and about twenty pamphlets on similar subjects. The Council on Pharmacy and Chemistry publishes every year a book called *New and Non-Official Remedies*, in which is given a brief description of proprietary and non-proprietary preparations which are considered worthy of trial by physicians. Acceptance of an article for this book does not mean a recommendation, but merely that it conforms to certain standards set by the Council. The Council also publishes annual reports in which the unaccepted articles are described and the reasons for their non-acceptance given, and the most important of these are published at intervals in a book called *Propaganda for Reform*. These publications are the only reliable sources of information about the flood of patent and proprietary medicines on the market. Upon application, a price list will be sent and free information will be given about any special preparation.

Sal Hepatica is an interesting example of a remedy which is not accepted by the Council on Pharmacy and Chemistry. It is one of the best selling salines on the market. By analysis its active ingredients are shown to be approximately 13 per cent of salt, 26 per cent of sodium sulphate, 30 per cent of sodium phosphate and 18 per cent of sodium bicarbonate. It costs about twice as much as a mixture of these salts which any druggist could prepare. Sal Hepatica is ruled against by the Council because its composition is secret, the name fails to suggest its chief ingredient, and does suggest its use in liver troubles, the claims for its therapeutic effects are exaggerated and unwarranted, and it is advertised directly to the public. One does not ordinarily think of a preparation of this sort as a habit-forming remedy, but in the opinion of many authorities the worst habit of the American people in self-medication is that of taking cathartics and of these the saline cathartics are the most abused. A habit of taking saline cathartics leads to spastic constipation and resulting neurasthenia and it is not an easy habit to break.

It is estimated that there are from four to five thousand drugs and their preparations in everyday use in this country and naturally no course in *Materia Medica* or Pharmacology in a medical school or nurses' training school, even if it were desirable, could cover the whole field. The American Medical Association publishes a small book entitled *Useful Drugs* containing a brief description of about 400 drugs, chemicals, and preparations, official and unofficial, which is intended as a guide for teachers in medical schools and for state examining boards. The compilers of this book hope to demonstrate to teachers that many drugs discussed in large text-books on *Materia Medica* are superfluous, that instruction in medical schools need cover only the drugs which are of proved value, and that many of the so-called "new" drugs are no better than the well-established ones. These principles may well be carried over into the nurses' training schools. Many of these schools are now teaching *Materia Medica* from a doctor's book which is almost literally an encyclopedia of drugs and the reason for its use, given by one instructor, was that "it has everything in it." The choice of a text-book on that basis is contrary to good pedagogy and opposed to the principles of the leaders of medicine who are striving to establish a rational limit to the use of drugs.

It would seem that the hospital training school could lend its assistance in the fight against patent medicines by (1) putting emphasis upon *official* drugs and preparations in all classes in *Materia Medica*; (2) by exposing to the pupil nurses the evils of exploitation of medicines of any sort; and (3) by encouraging the use in the hospital, so far as possible, of official drugs and those of established worth. The individual nurse should refuse to use for herself remedies of unknown composition, those which are widely exploited, and those for which extravagant claims are made, and she should take every opportunity among friends and patients to point the way by example and precept to pure drugs, at honest prices, honestly advertised.

NOTE—The writer is indebted to Dr. Arthur J. Cramp for advice as to the accuracy of statements made in this article.

SUPERFICIAL INJURIES TO THE EYE IN INDUSTRY

BY ERNEST F. HOYER

Medical Department, Standard Oil Company of New Jersey

The statistics of the State Board of Labor and Industries of the Commonwealth of Massachusetts show that during one year over six thousand cases of injuries to the eyes have been reported. We are sorry to state that in our plant the average number of eye injuries per month has reached the high water mark of about sixty.

The greatest asset for helping us to win our daily bread is normal and healthy eyes, for we depend upon our eyesight just as much as we depend upon our food.

The cardinal rule for nurses in regard to injuries, even in the most insignificant case is,—All injuries to the eye are serious. The distinction between major and minor cases is not considered in injuries of the eye, because a minor injury of no other organ can so quickly become a major one. In the majority of cases, we are glad to state, the injuries are slight and the patients are usually able to continue their work after the first treatment, if that treatment has been given skillfully and promptly. However, if the injured eye is tampered with by an unskilled person, it may lead to disastrous results, such as suppurative keratitis, and finally destroyed vision.

I. *A foreign body in the eye* is the most common injury. A foreign body usually works itself under the upper lid and the frantic reflex actions of the much disturbed eye will cause its owner much pain and nervousness. A trained, industrial nurse will, of course, know how to remove foreign bodies from the eye, especially those that are not embedded and, I dare say, the removal of these irritating particles is one of the most gratifying daily duties of any industrial nurse. It gives immediate relief and a very satisfactory result.

The treatment consists of dropping one or two drops of cocaine solution into the eye, after the eye and the region of the eye have been thoroughly cleansed with a boric solution, everting the upper lid, and removing, with a small piece of cotton wound on a wooden applicator, the speck of dust, rust, or coal. A drop or two of a 10 per cent solution of argyrol is put into the eye and the operation is complete. Particles of dust, that lie loose in the conjunctiva or on the cornea, are also easily removed with a small platinum wire loop fixed to a handle. These platinum loops are easily sterilized over an alcohol lamp. If the foreign body is embedded in the substance of the cornea, all the nurse should do is to alleviate the pain with a drop or two of a 2 per cent solution of hydrochloride of cocaine, bandage the eye, and refer the patient to a physician for an immediate examination. There is danger of causing an abrasion of the cornea, which might lead to a septic condition.

II. *Conjunctivitis*.—People with an inflamed or running eye will rarely ask for relief until acute pain or a distorted vision force them to do so. This treatment is also very simple. A 25 per cent solution of argyrol is used. A drop or two should be kept for a few minutes in the eye, by having the patient close the eyelids. This treatment is followed by a thorough irrigation with a solution of boric acid. In our refinery we let the men call every two hours, the first

working-day, for treatment, as the treatment should be given at least three or four times a day. All patients afflicted with conjunctivitis should be instructed about the danger of infecting fellow workmen and members of their families by means of towels, etc.

III. *Burns or scalds of the eye or the eyeball.* These are an everyday occurrence. The severity depends on the nature of the irritant, how long it remained in the eye, and on the extent of the injury. The pain is usually severe and, therefore, after cleansing the eye with a boric solution, a drop of a 2 per cent solution of cocaine in castor oil or Nujol should be used as soon as possible. A 2 per cent picric acid ointment applied two or three times a day, after a drop of cocaine has been used, has a very soothing effect, relieving pain and preventing secondary infection and ulceration.

IV. *Electric ophthalmia.* Almost all great industries use electric welding in these days. The men doing the work occasionally suffer from ophthalmia. They show no symptoms for eight or nine hours, but suddenly have a severe pain in both eyes, the eyelids swell, a burning sensation like a sunburn appears, and their tear ducts work overtime. These symptoms will last for about two days and then gradually subside. The treatment consists of washing the eyes with a saline solution and giving relief with a 2 per cent cocaine solution. Colored glasses should be worn for a time, as the patients are very susceptible to any bright light.

It seems almost impossible to prevent injuries to the eyes, in spite of all warnings. Safety goggles are given out, free of charge, but the men are very reluctant to wear them. They complain that the glasses become blurred by the dust and perspiration, and that they become uncomfortable. This is largely due to prejudice, but it is very hard to overcome. The worker would rather take the risk, than wear something unusual and uncomfortable, and will, after injury, admit that goggles would have prevented the accident, yet they will always risk it again.

All kinds of safety eye protectors are in use, but the perfect protector,—one that does not cut off too much light, is strong, and does not rust, does not press the face and heat the eye,—has up to the present not been invented.

An educational campaign would be of great value and the remedy would lie, as is the case in so many industrial labor questions, in a better understanding between employer and employee, in the working together of the safety committee and the working man.

THE NURSE AND HER RELATION TO IMMUNOLOGY VACCINES AND SERUMS IN THE TREATMENT AND PREVENTION OF DISEASE

BY ROBERT A. KILDUFFE, A.M., M.D.

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Immunity may be defined as the resistance of an individual to infection with microorganisms or their products which are infectious for other individuals of the same species.

Immunity arises through the formation of antibodies in the body. The mechanism of their production having been briefly outlined in a preceding paper, it is the purpose of this article to give a brief survey of various means now utilized in the treatment and prevention of disease which are based upon principles of immunology and which owe their existence and their effectiveness to the deliberate production and utilization of various specific antibodies in the human and animal bodies.

In order that the *modus operandi* may be understood it is necessary to amplify somewhat the definition of immunity given above. We recognize two great types of immunity: natural and acquired.

Natural Immunity is that form which is normally inherent in the body, the exact origin being unknown, though it is certain that heredity is an important factor in its occurrence. It may be illustrated by the immunity of negroes to yellow fever, for example, or by that of animals to many diseases to which man is subject (species immunity).

Acquired Immunity is that form of resistance to infection produced by the cells of the body as a result of having had the disease in question, or as a result of an artificially induced attack, or as a result of an artificial inoculation with a modified form of the causative agent, or, in a word, vaccination.

There are two subdivisions of acquired immunity which are of importance:

1. *Active acquired immunity*, produced by an accidental infection, an artificially induced attack of the disease, or by vaccination.
2. *Passive acquired immunity*, acquired through the introduction into the body of antibodies derived from another individual possessing active immunity.

Active acquired immunity, produced by the injection of vaccines, is utilized in the prevention and treatment of numerous

infections, among the more important of which are typhoid fever, smallpox, rabies, acne, furunculosis, cholera, and bubonic plague.

It is obvious that the immunity thus utilized is acquired, because it was not previously present in the body of the individual; and active, because it is produced by the cells of his own body in reaction to the introduction of the vaccine.

Vaccines.—There are three types of vaccines, all of which consist of a modified form of the causative agent.

Bacterial vaccine is a term which properly includes all vaccines except those for smallpox and rabies, and is, in its simplest form, merely a suspension of *dead* bacteria in normal salt solution.

To produce or manufacture a bacterial vaccine it is necessary to obtain a growth or a *culture* of the organism not contaminated by the presence of any other bacteria, in other words, what is known as a *pure culture*. The growth is washed off and suspended in sterile normal salt solution, and the number of bacteria thus suspended is counted under the microscope to determine the number per cubic centimeter. The bacteria are then killed by heat, the suspension is diluted until the number desired per cubic centimeter is obtained, and a small amount of some antiseptic, generally phenol, added to prevent contamination. When placed in sterile ampules or other containers, this constitutes the finished vaccine.

If the bacteria were obtained from the patient's lesions, and this vaccine were made from his own bacteria, as it were, it is spoken of as an *autogenous* vaccine; if the culture from which it was made came from other sources, we speak of a *stock* vaccine.

Vaccines may contain only one kind of bacteria or several varieties. In the latter case we call them *mixed* vaccines.

If the bacteria are dead, how then does the injection of a bacterial vaccine stimulate the production of antibodies? The answer to this lies in the fact that one of the ways in which bacteria produce injury to the body cells is by means of an *endotoxin* by which is meant a toxin or poisonous substance contained within their bodies and liberated only on their death and disintegration. When we inject a bacterial vaccine we thus utilize the endotoxin which has been liberated from the bodies of the bacteria.

Smallpox vaccine, because of the fact that the cause of the disease has never been cultivated in pure culture, is an altogether different preparation from a bacterial vaccine, which is one of the reasons why the word vaccine should always be qualified by a descriptive adjective.

This preparation consists of cowpox virus, (which term means simply a poison and is used because the etiological agent is

unknown), in a modified form and is secured from calves inoculated with the infection. The animals are, of course, carefully examined and tested for freedom from disease. The virus is suspended in glycerine and tested for bacterial sterility before use. In contradistinction to the bacterial vaccines, the virus is living.

Rabies vaccine is different from both the preceding though, like them, it consists of a modified form of the causative agent. In its production rabbits are inoculated with the rabies virus subdurally by a trephine operation. When the disease has developed, the animals are killed and the spinal cord, in which it is known that the virus is localized, is removed. The cords are hung up to dry in a semi-vacuum at a regulated temperature. As they grow older each day the virus weakens in strength, and a cord, according to its age, is spoken of as a "one-day virus," "two-day virus," and so on up to "twenty-one day virus."

The vaccine consists of a suspension of a weighed amount of the cord triturated in sterile glycerine, and the course of treatment begins with the oldest cord and progresses to the youngest cord,—and, therefore, toward the strongest virus.

Vaccines are of marked value in the prevention of disease as is well exemplified in smallpox, typhoid fever, and rabies. In the treatment of disease they have their greatest value in chronic infections in which the resistance of the individual is obviously low.

Serums: Serums produce *passive* acquired immunity because the active agent is not the patient to whom they are given, the patient merely acting as the passive recipient of antibodies produced by the cells of another individual.

Passive immunity, produced by the injection of serum, is always highly specific, and is utilized in a great variety of conditions, the most familiar of which are diphtheria and tetanus. Because the antibody which generally predominates is an antitoxin the serums are spoken of as antitoxins. The rationale of their production may be briefly described with profit.

The animal most frequently used for the production of immune serums is the horse, because it is susceptible and reacts to the injection of bacteria and their products, and because it can withstand the withdrawal of large amounts of blood. Healthy animals, which are carefully tested for infectious diseases, are chosen for injection. The substance which is injected, because it gives rise to (genesis) the formation of antibodies, is called an *antigen*. In the production of immune serums the character of the antigen depends somewhat upon the type of immune serum desired. If the bacteria produce a soluble toxin which it is desired to neutralize, then the toxin is

injected; if the antitoxin is to neutralize an endotoxin, then the antigen consists of killed bacteria, and occasionally, both methods are combined.

As a rule the substance used as antigen is a toxin, the soluble poison produced by the bacteria and obtained by growing them in a liquid culture medium from which the bacteria are filtered off so that the liquid contains merely toxin in solution.

Following the injection, in response to the stimulation of the immune mechanism, as previously outlined, the blood of the horse contains free antitoxin. The injections are continued, each one containing a little more toxin, until, finally, the animal is able to withstand many times the ordinarily fatal dose of toxin. He is then bled and the serum so obtained constitutes the antitoxin. This is then tested for strength which is expressed in antitoxic units. A unit of antitoxin is that amount which will neutralize one hundred times the amount of toxin required to kill a 250 gram guinea pig.

All antitoxins are produced in a similar manner except that the character of the antigen used varies somewhat with the type of the organism in question.

Antitoxins constitute one of our most potent weapons in the treatment and prevention of disease, and are utilized in diphtheria, tetanus and numerous other conditions.

In the concluding paper of this series the practical application of immunological principles to the diagnosis of diseases will be described.

A PATIENT'S IMPRESSION OF A NURSE

BY MAY THOMAS RICHARDS

St. Luke's Hospital, St. Louis, Mo.

I had just regained consciousness and was vainly trying to distinguish various objects about me. Some one had just thrust a bolt of gauze down my throat and had twisted it about and then withdrawn it,—or so it seemed to me. The nurse who stood over me seemed immense, yet so far away.

"Water," I gasped. My throat was parched. Something cool and moist touched my lips, but it was not water, only a moist piece of gauze. Then Miss G., for that was the nurse's name, explained why she refused to give me water. Repeatedly I begged for it, and repeatedly she kindly but firmly refused.

Miss G. was far from being good to look upon, and I decided then and there to dislike her, but her sweetness, the gentleness and firmness of her touch, her soft smooth voice and the quiet manner

in which she moved and acted were so pleasing and soothing to me, that I began to have to admit that I liked her.

Later in the evening she removed all the unnecessary blankets and straightened the sheets. I had been weak, hot, and restless. The alcohol bath and the powder she had given me made me feel rested. She patted my pillows into a more comfortable position and in a short time I fell into a peaceful sleep.

At intervals during the night I would waken, and each time I found her ready to make me more comfortable. She talked little and did everything so quietly and gently that she seemed to belong where she was. Everything she did was done perfectly. None of her movements were superfluous; each accomplished a definite task.

Each meal she fixed for me was a joy. I never knew what she would bring. Everything was good and appetizing and so tastefully arranged. She read to me often, and sad to say, her sweet voice often lulled me to sleep.

It was not many weeks until I was strong enough to be up and about. She had just tucked me into bed one night when she said, "Well, tomorrow you will be well enough to get along without me, so I'll be leaving then. Sleep well tonight, for I'll have a little surprise for you in the morning.

Leaving!! I had never thought of that. What would I do without her cheerful, gloom-dispersing person about, who would take her place in my life? She hardly seemed like a nurse, she was so very human, so entertaining,—cheerful always, so attentive, and loved and admired by all. She had a few faults, but her virtues were so many and so evident that one could ignore the few failings. I dreaded to have the morning come; but childlike I thought of the surprise she had in store for me, and fell asleep.

THE AMERICAN NURSE AND THE PRE-SCHOOL CHILD

BY HARRIET L. LEETE, R.N.

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"The race marches forward on the feet of little children."

We are placing a heavy burden on the shoulders of our littlest ones, and the least we can do is to make the road as straight and as clear of all obstacles as possible.

The pendulum swinging back and forth occasionally is stopped, and its indicator points to some one phase of child life requiring

especial emphasis. This seems to be the only way by which sufficiently intensive effort can be exerted to awaken the slumbering public to its highest responsibilities. Why does the indicator now point so persistently to the pre-school child? Is the toddler wandering alone and neglected in "no man's land of childhood," from a lack of knowledge of his needs? Not at all.

For fifteen years there has been a recognition of neglect of the pre-school child, and efforts have been made to include him in general health plans. However, an impetus which would carry forward all of the health development phases of child life could not be secured, and as infants were slipping from us in such large numbers our first attention was given to them. At the same time educators began to see that the health of the pupils in our schools must be improved if the children were to realize the highest mental attainments, so medical supervision of school children was established.

Standing between the two groups, the toddler received little consideration. Now we ask, what is a pre-school child? Correctly speaking, we should say that he is any child who has not attained an age which would enable him to enter school. Popularly speaking, however, we refer to him as a child anywhere between infancy and school age, and for the purposes of this paper, the exact month of his graduation from the infancy class matters little, but we do wish to consider some of the complications involved, and their possible solution.

If a survey of school children shows us that 75 per cent of the children have defective teeth, 25 per cent have defective vision, 5 per cent have defective hearing and 25 per cent have malnutrition, we can justly ask ourselves what we have been doing to allow such poor health to prevail and whether there are any complications which preclude us from actively preventing a repetition of such a tragic situation.

We now have well-known methods by which our infant mortality can be reduced 50 per cent. By similar means, we can also greatly reduce morbidity among children. It is therefore relevant for us to go over the plan of organization.

As the solving of the problem requires both educational facilities and remedial activities, ought not the services of the health divisions in the schools to be extended until they include the pre-school child? Such an extension of service has been instituted by some Departments of Health having the supervision of health in the schools. The day may not be far distant when school buildings will be planned and equipped to include preventive, educational, and health activities.

Some Departments of Health maintain that the interest and cooperation of the mothers are best secured through the efforts of the older children and teachers, in addition to those of the physicians,

nurses and dietitians. Conversely, the staff of infants' clinics, which have been extended to include the children up to the school age, maintain with equal assurance that, having gained the confidence of the mother in caring for her infant, it is logical for the mother to continue with the services of the Infant Conference group of workers.

Either of these premises is sound, but both require a sufficient number of socially trained public health nurses to follow up the work in the home if best results are to be obtained. The development of either plan would require the following personnel:

Physicians.—We cannot know the truth about the fundamental condition of any child without a complete physical examination by a physician who has had training in the physical diagnosis of children. Our first consideration should be to secure the endorsement of any child health plan by local physicians who will logically be interested in the wise selection of a medical director. In concurrence with the physical examination of the child must go the mental testing, for which accurate standards of development are being evolved.

Nursing Staff.—After the physical examinations have revealed the nature of defects to be corrected, mental and physical, there must be close follow-up work in the homes by nurses who are socially trained and who have a breadth of vision which will enable them to coöperate with social workers, dietitians, kindergarten instructors, day nursery superintendents, and—most of all—with the mothers. Such a system of follow-up work and assistance cannot attain to highest standards and cannot permit the nurses to render the greatest possible service unless they are under the supervision of a nurse director. A cardinal requisite would be lacking if this were omitted.

Nutritionists.—Just how the trained nutritionists, whose services are so valuable in the care of the malnourished pre-school child, are to fit best into the general scheme is a question which is being solved in various ways according to the general development of the work. The fact that they hold a most important place, admits of no controversy but, it is also true that one group appreciates having them as members of a nursing staff, holding nutritional classes, and being responsible for certain types of home follow-up work, while another, equally broad-visioned, group asks, "Why have nutritionists on the nursing staff? Their work is distinctive, and, as such, they should belong to a nutritional group and act as consultants and in coöperation with the nurses." Still another group can best correlate its functions by having a joint committee for the purpose of developing nutritional classes. With our present limited number of trained nutritionists, it would seem unwise to outline definite procedures; it would be a better plan to study the problem together.

Dentists and Hygienists.—Having learned the importance of the care of the children's first teeth, we realize that no organization is complete without the available services of a dentist or dental hygienist.

Social Workers.—Nurses and social workers have for such a long time recognized the mutual benefit gained by close coöperation that their relationship demands little discussion. It is certain that there is strength in harmonious adjustment of service.

Voluntary Aides.—What about all of the other groups of women workers,—clubs and federations and leagues? We are never going to reduce our mortality to its lowest degree unless we join forces with the public and play the game together. Wouldn't we have had a 100 per cent birth registration by this time, if we had prevailed upon all of the women's societies to assist in the campaign for satisfactory birth registration? Why not demand the child's birth certificate upon admittance to any of our pre-school activities rather than waiting for his entrance into school?

Diagnosticians.—Because of her special training, it would seem to be within the province of the socially trained nurse to act as the diagnostician in the home. Frequently the nurse would realize that the most imperative problem was one of malnutrition, and would at once refer the patient to the dietitian, whose training fits her for the more skilled nutritional guidance.

Day Nursery and Kindergarten Workers.—The opportunities for the accomplishment of close, intensive, constructive work between the nursing staff and these two groups have never been fully grasped. Everyone understands that the day nurseries are caring for the pre-school children, but few consider how many day nurseries are developing a constructive plan in its many phases. Kindergarten workers know the best methods for imparting information in the spirit of play. Are we adopting their methods and using their skill to assist us in our health teaching?

One phase of the pre-school child's life, which is so often tragic in its results and which holds out such marvelous possibilities for the nurse to use her influence, no matter where she is located, is the constant danger, which the child encounters of contracting contagious diseases. Do we comprehend that out of the 300,000 children under five years of age, who annually give their lives, there is an alarming number of deaths traceable to contagious diseases; and that 80 per cent of all deaths from contagious diseases are in children under five years of age? Do we comprehend that measles, frequently running rampant, because we do not heed the first symptoms, has following in its wake many respiratory diseases?

If we could visualize all of the suffering caused by our laxity in

the control of contagions, there would be an astonishing lowering of both mortality and morbidity rates. Are we willing to be responsible just because it is easier to leave all of the education to the Health Department than it is to *think* and be a *part* of the public health education campaign?

Whose privilege is it to present pertinent facts to the public in a manner in which all can grasp the fact that, as a nation, we are still woefully lax in the care of our children? This could be accomplished through the earnest coöperation of all nurses, for surely in this field the private duty nurses can wield as great an influence as can the public health nurses, as they have opportunities which are far-reaching in their influence.

All of the problems surrounding child life are, to a certain extent, found everywhere, no less in the rural districts than in the cities, and many times because of the lack of personnel, the country districts are more difficult with their multiplicity of problems.

Summary.—We can never reach all of the children until the public fully realizes:

1—that the best professional training is none too good if we are to safeguard the lives of our potential citizens;

2—that adequate financial support is necessary, and that investments in health measures render highest returns;

3—that the standards set by an international group of specialists, called together by the Federal Children's Bureau, have not nearly been met.

At the last meeting of the American Child Hygiene Association in St. Louis, Herbert Hoover told us,

If we could grapple with the whole child situation for one generation, our public health, our economic efficiency, the moral character, sanity, and stability of our people would advance three generations in one.

This is a challenge worthy of our acceptance. Are we willing to be a part of the army of workers to see to it that no child enters school with any preventable defect? The medical officer in the school should have a record from every child upon entrance to school, a record which would briefly indicate just what opportunities had been extended to the child, what defects had been corrected, and what handicaps the child still retains.

Is there any project more worthy of our consideration than that of child health conservation? We do believe with Phillip Brooks that He who helps a child helps humanity with a distinctiveness, with an immediateness, which no other help given to human creatures in any stage of their human lives, can positively give again.

THE NURSING OF NERVOUS PATIENTS

BY EDNA RYLEY, R.N.

Nyack, N. Y.

There is little need to explain why many nurses do not care to take up the nursing of nervous patients. The slow and uncertain results, the deadly monotony of hearing the same complaints day in and day out, the fault finding, the lack of appreciation, the long hours, when tact is the incessant requisite, tend to wear out the nurse in body and spirit.

Is there a nurse who has not heard from instructors or patients that an illness is a necessary part of the course of training, or that to be a good nurse one should suffer the things that the patients suffer? We do not care to hear it, but there is truth in it. In our preparation for efficient work we do not care to take time for a nervous breakdown in order to understand what this class is suffering, but cannot the anguish of fear, such as nearly every woman has experienced at some time, be recalled vividly enough to make her appreciate what a nervous patient undergoes? Have not most of us been startled in the night by something? We are not even sure it is a noise. We seem paralyzed. Cautiously we open our eyes and peer into the surrounding darkness. Nothing can be distinguished because of the dense blackness. When long minutes have passed, courage begins to revive and we decide that after all nothing is wrong. Suddenly we hear an inexplainable noise. There must be something in the room. The minutes seem hours. We are stiff and motionless. If only the door at the end of the hall would slam as it does so frequently in the daytime; even a dog bark would be appreciated. A seemingly endless night passes and the first light of morning appears. There on a table, where a fitful breeze can play with them, are some innocent papers. The horror is gone and sleep comes. Presently the door slams. "How careless," we think. It is time to get up.

Our feelings during those awful moments of wakefulness are the same as those experienced by the nervous patient much of the time. Remembering this, will the nurse tell her patient to stop fussing, that his troubles are only imaginary; or will she tell him that she understands and that for him also, daylight is coming? Cannot nurses give intelligent sympathy to these patients instead of taking a distant, superior attitude to them, or giving an emotional sympathy devoid of understanding? Sympathy which causes the individual to magnify his sufferings is especially detrimental to the nervous,

although this class of patients does not usually recognize the harm. They do not appreciate the attitude taken by the person who, knowing that an ordeal of physical suffering is before him, wishes the members of the family to leave him to the care of doctors and nurses so that he may not have his fortitude weakened by their emotional signs of sympathy. Even a child will sometimes feel the possibility of showing greater courage when the loving mother is not present. A little girl in the kindergarten who had to be vaccinated at first objected. Next morning she came down stairs and announced that, if it must be done, she was going alone to the family physician's office. She was finally persuaded to allow a young brother to accompany her.

Do nurses know what to do for nervous patients? There are general rules for the nursing of surgical, medical and obstetrical cases. There are also rules of the individual physician for his patients: Dr. A. will use only a certain kind of dressing; Dr. B. a different kind; Dr. C. has his patient fed every two hours, but Dr. D. half hourly, even though the diagnosis is the same in each case. How much more complex is the care of neurotic patients. A nurse should familiarize herself with the general methods of the neurologist under whom she is working and with the individual treatment of the patients. When a nurse is caring for a single patient, the physician in charge will probably explain the case and the line of treatment which he wishes carried out. The successful neurologist recognizes the necessity for this. If, however, it is overlooked by the physician, the nurse need not hesitate to ask for a few minutes of the busy man's time for it will pay in the end. Mechanical treatments prescribed, as different neurologists have found them beneficial, are but a small part of the duties of the nurse. These mechanical treatments simplify matters for the nurse as they take up considerable time, but it may be that isolation is the principal or the only treatment prescribed. Isolation with a patient demands much from the nurse. A nurse who has taken every opportunity to broaden her knowledge of science, literature, art, and practical affairs, has a valuable store in which to find something to adapt to her patient's need of diversion. Care should be taken, of course, not to bore a patient by attempts to entertain.

Nurses, who gain the patients' respect and confidence and make them feel that their welfare is the first consideration, get the most successful results. Selfishness is a symptom of a neurosis just as headache is a symptom. Affairs which concern other persons are likely to annoy. Therefore, nurses find it best to eliminate their personal interests when caring for patients, never talking among

themselves of anything that would indicate that they are only half interested in what they are doing. One of the quickest ways to get patients to think of their own needs is for the nurse to draw one of her own letters from her pocket and begin to read it. The atmosphere should be one of unity and never a hint of friction among nurses should come to patients. Absolute cooperation is necessary.

We watch our patients but it is just as necessary to watch ourselves. If we think how things would appear to us, were we the patients, it will be a great help in making us the adaptable women that we should be.

It will be necessary to have the patients do many things which are difficult for them, either because they believe they cannot or because they do not wish to do them, and it will make it much easier for the nurse if they feel that she is not a slacker. Nervous patients are quick to notice whether or not the nurse is willing to help.

Firmness on the part of the nurse, instead of being a hardship for the patient is, in a great measure, a source of comfort as well as benefit. To patients physically incapacitated, the assistance of the nurse who handles her patients with a firm hand, gives less distress than the touch of one who jerks and twists, tries and fails to accomplish the turning of a pillow, the change of clothing, or the removal of bandages. To the patient who feels his indecision, his tendency to do unwise things, or his fear or dislike of doing what the physician orders, the firmness of the nurse, knowing her interest in his welfare, may be a joy. Firmness and gentleness are not incompatible and they are found in many nurses.

Lies told to patients do not help. We are taught as children, "Be sure your sin will find you out"—and it will. A patient who was looking for amusement to while away the tedious hours, afterward told with glee of the lies she caused the hospital staff to tell. She asked for information which she knew from former hospital experience the nurse would be unwilling to impart. She interrogated separately each doctor and each nurse who came to her room and amused herself by comparing the answers. By careful sifting and piecing, she secured quite a full report on a subject which was none of her business. She was a surgical patient and went home in a few days, her recovery in no way retarded by her knowledge of the lies told her by those caring for her. The nervous patient who discovers that an untruth has been told him by the nurse may have his confidence in her so broken as to undo the work of many weeks. At the time it may be much easier to tell the untruth than to take the trouble of answering in a way which withholds the desired information and still does not irritate the patient; but the resulting harm be irreparable.

A great deal of tact is required in nursing, and especially in nursing nervous patients. You all know the story,—it is not new,—of the well meaning woman who wished to show friendliness to a neighbor who had recently become a widow. The husband had ended his life by hanging himself from the rafters. In spite of the protests of the family, who knew her blundering ways, she insisted on making a call. She promised to be extremely tactful. The weather seemed to be a safe topic of conversation, but, unfortunately, the weather had been stormy and the widow had been unable to dry her family wash. "I do not see why you should have any trouble of that kind," said the woman, "you have such a good attic in which to hang things." A tactful nurse will avoid conversation which brings back unpleasant memories. She will anticipate disagreeable treatments and events which the patient is dreading and by her thoughtful explanations prepare and smooth the way for them.

Watching symptoms and finding causes for them are very important. The nurse has many opportunities for observation which the doctor has not. It is far better to make an unnecessarily full report than to omit one important item.

Some one has said that patience is a form of laziness. If patience amounts to nothing more than letting everything that is hard and disagreeable slide by without trying to change or influence the results, it may be laziness. The dictionary, however, says that to be patient is to be calmly diligent. Difficult as patience is to get and keep, it is necessary for this work. Scolding or shortness with a patient produces irritation, not appreciation. For the nurse to exhibit impatience, detracts from the respect which she should command. It is usually only a vent for her feelings. The nurse who is interested in her work and who has sufficient recreation will find it comparatively easy to keep cheerful and even-tempered for her patients.

Nervous nursing may be more difficult than surgical or medical nursing, but hard tasks are for the willing and the ambitious.

The Missouri bill for state registration was signed by the Governor on April 15th. We shall hope to publish the text of the bill in the June Journal. This is the first bill which is a licensing measure; it requires that no one may nurse the sick for hire who has not received a state license. There is, of course, a waiver making provision for nurses of all classes now in the field.

DEPARTMENT OF NURSING EDUCATION

LAURA R. LOGAN, R.N., DEPARTMENT EDITOR

Collaborators: Blanche Pfefferkorn, R.N., and Grace Watson, R. N.

THE FUTURE OF TEACHING IN SCHOOLS OF NURSING WITHOUT UNIVERSITY RELATIONSHIP

BY HARRIET M. GILLET, R.N.

The future of training schools for nurses is being determined now by those of us who are in any way connected with the teaching or training of nurses, for the pupils, whose ideals we are helping to shape, will in a few years be the administrators and teachers of schools. These same pupils will teach and shape the ideals of those who are to follow them. We should, therefore, attempt to determine without further delay what is wrong with our system of nursing education and, when the decision has been made, make a nation-wide, enthusiastic effort to bring about its reformation.

Many of our so-called *schools* of nursing are still being conducted in such a way that the service of the nurse to the hospital is the primary consideration, and her education is felt to be of secondary importance. It is this fact which is responsible for the large group of nurses who go out every year to a work for which they are poorly prepared. This condition exists, because the principals of the schools from which these young women graduate know much about nursing the sick, but little or nothing about teaching or school management.

What would any community think of having a man or woman who knew nothing about the principles of education put in charge of one of its public schools? Teaching in schools of nursing will never rise to a high level of efficiency till Boards of Managers refuse to appoint, to the position of "principal," a nurse who has no pedagogical knowledge.

A training school for nurses should be conducted along the same lines that any other school would follow. We must make a study of education and learn to use the principles which experts in this field have found essential; not until we do this shall we be able to conduct anything that can be rightly called a *school*.

If we are to maintain schools in which nurses can be taught accuracy, care, method and the habit of thinking about their work we must have:

1. Trained teachers, both in the classrooms and on the wards,
2. Classrooms, planned and equipped with the same thought and care that characterize classrooms in any other school for higher education,

3. Adequate ward equipment, for the ward is the laboratory where the class work is vitalized,
4. Sufficient clinical experience,
5. Ample time for class work and study,
6. A place for study,
7. Pleasant living conditions.

One has a right to expect all of these things from any school, and any nurse training school, hoping to get the right kind of pupils, will, in the near future, have to provide them.

The hardest part of this programme will be to secure trained teachers. It is out of the question to expect Teachers College and the few other universities which maintain departments of nursing and health, to supply the 1500 or more schools of nursing in this country with trained teachers. We regret this is not possible as there is no doubt these courses are of great value to those who will later teach nurses, but, as it is not possible, we must look for help from some other source.

The schools maintained by the state for the training of teachers already give courses in psychology, pedagogy, science, history and English. These courses would be of value to the nurse who desires to become a training school instructor, and it is quite possible these schools would add courses to suit our needs if they were assured a large enough group of students.

The tuition is free in many of these state schools and the expense of living, when provided by the institution, is at a minimum. One catalogue, that came to my attention, quoted it at \$220 a year, including laundry, and this particular school has unusually attractive living quarters. This expense could be met by the student herself or by her school in the form of a scholarship much more easily than could be the larger one incurred by a year at a university.

Another way in which we could help to train teachers is to allow those students, who show an aptitude for teaching, to continue after graduation as assistants to the instructor. They could, under her supervision, help with the demonstrations and practice work and with all kinds of laboratory work. They should attend the classes in which the teaching of theory is being done. If apt pupils, they will learn much, getting an insight into class management, schedule making and record keeping. They should at the same time be given instruction in the theory and principles of teaching at a nearby university or normal school or, if no such college is at hand, in a class taught by a high school teacher or other person familiar with the subject.

At present we have very few ward supervisors who consider

teaching a part of their duties, or would know how, if they did. To prepare persons for this work will be quite as much a task as the preceding one, but of equal importance, for to every 4 to 5 hours spent by the pupil in the classroom she spends from 52 to 56 hours on the ward. The ward supervisor should be conversant with the methods taught in the classroom and to that end she should either go to the class with the pupils, or classes should be held for the supervisors. The supervisors of the medical ward should go to the medical lectures and the surgical ward supervisor to the lectures on surgery and so on through the list of services. The supervisor should then, as the different cases come in, call the attention of the pupils to the points which have been brought out in class. She should see that each student knows the diagnosis, symptoms, and treatments with results of the various cases in the ward. Under her supervision the students should prepare papers on the interesting cases which come to their attention. With such supervision we shall be better able to connect theory and practice.

These ward supervisors must be chosen with care for the pupils will reflect their attitude and ideals. They must be recruited from our own ranks, and should be selected for the character of their work and their executive ability and should be trained for this kind of work during the latter part of their third year.

To retain the type of women we must have in these positions, the hospital will have to pay more than it has formerly paid its supervisors and it will be obliged to make their hours of duty and their living conditions more attractive. They should rank as teachers and be members of the faculty. The classroom instructor and the ward supervisor must work hand in hand if we are to get the best results from our teaching.

It is essential that the equipment of each ward be such that treatments can be given exactly as they are taught in class, and that the method, and, so far as possible, the place for keeping equipment, be the same on different wards. The pupil, then, as she goes from ward to ward will lose no time trying to find how procedures are done or where equipment is kept.

If we are to have classrooms arranged and equipped with the same consideration of comfort and convenience that is found in other schools, we shall have to do away with many of those now in use in basements and attics and other out of the way places and either rent, buy or build new ones. Several schools in the same community could go into partnership in the maintaining of a school, the direct management being put in the hands of a nurse trained as a teacher, under whom would work one or more paid assistants according to

the size of the school. The superintendents of the various schools would act as a Board of Managers. Such a school would be centrally located as each hospital would house and board its own students. It should have at least one large and one small lecture room, a demonstration room, a dietetics laboratory, a science laboratory, a study, and offices for the instructors.

It is true that many problems would come up and many adjustments would need to be made, but for those schools too small to have a preliminary course this seems the only satisfactory solution of their problems and I believe those schools large enough to exist by themselves would not only find this plan much more economical but of real educational value.

Such a school should be supported in one of three ways: by the hospitals each paying in proportion to the number of students sent; by tuition from the students; or by the community. The last way is the ideal one and it may be done in the dim and distant future.

Many maintain that we appreciate only what we pay for. With this maxim in mind, might we ask the student to pay \$50 each semester, or \$100 each year for the class instruction? This tuition from 100 students would amount to \$10,000 a year which would go a long way toward the support of the school.

If the hospital is relieved of a large part of this responsibility, I see no reason why it would not pay the student for the valuable service she renders. It might pay her nothing during the preliminary period, as she renders so small a service; \$20 a month during the first year; \$30 a month during the second year and \$40 a month the third year. I am aware there are some who will question the wisdom of this procedure, but there are many young women of a fine type in our schools today who are obliged to earn their own tuition just as there are many college women who must. The college student, however, has a long vacation and some free time during the semester in which to do this, while the training school student has so short a vacation and so little free time that remunerative work outside the hospital is out of the question. It would seem only fair, therefore, for the hospital to pay something for a service which consumes so much of the student's time, and which the hospital is loath to do without.

People are beginning to ask if it is not possible to teach nurses to give bedside care in a shorter time than is now being used. The opinion seems to be pretty general that it can be done but only by making the teaching in both classroom and on the wards more intensive. If this plan is adopted, those who have had four years of high school and who possess ability for teaching and supervision,

should be encouraged to stay in the school to take courses which have previously been referred to in this paper. For schools still maintaining the three years' course, students should be encouraged to select teaching and supervision as elective. It will be an added responsibility for the teacher to so enthuse her students with the value of this work that they will consider it an honor to be chosen to do it. If the students who have gone out from our fine large hospitals to take charge of small hospitals had had some instruction and experience in supervision, the requisition and giving out of supplies, housekeeping, record keeping, arranging for class work, etc., we would have fewer poor schools today.

It is because we have failed to select the best pupils and train them for the work of teaching and supervision that our schools have progressed so slowly.

Harry Bradley Smith, the director of industrial education in New York State College for Teachers at Albany, in his book on *Establishing Industrial Schools*, says, "It is the duty of present day education to select and train those who are to create, in order that a new and higher standard may always be presenting itself, and then to afford a mass education that will insure the ability of a great working class to accept and make intelligent use of higher standards. Through this process of the group rising to the new level set by the unequal man has come all kinds of progress."

The school of the future must not only arrange the hours of duty so the pupil will have time to study but it must see that she is taught how to study economically. Alfred Lawrence Hall-Quest has written a very good book on the subject of *Supervised Study*, which will be a help to any teacher struggling with a class that does not know how to prepare its lessons.

It is possible that in the semi-distant future we may shorten the hours of duty from 8 hours to 7 hours, especially if the length of the course is reduced, for with the shortening of the course will come a relatively larger amount of class work, which in turn will call for more study. This seven hours of interested, daily service, properly supervised would mean more to the pupil and to the hospital than ten hours of the poorly supervised service which is characteristic of some of our schools today.

Some one has said, "Education to be effective must be intensive and individual, and it is only by repetition and constant supervision that any advance is made."

In order to supervise or teach with the best interest of the pupil at heart we must have enthusiasm for our work. It is one of the important qualities of a good teacher.

The enthusiasm and interest of the public school teacher is kept keen by coming in contact with others doing the same kind of work. Institutes are held annually where instruction in new methods are given and where round tables for discussion are held. Those young women who have gone out from our schools poorly prepared for their work in hospitals would be greatly benefited by such institutes. The teachers of the country come together every year in the National Educational Association. I have sometimes wondered if it might not be a good plan for the training school principals and instructors to join this organization. We should not only hear the discussions on education which we so much need but our work would then be openly allied with the field of education and so gain prominence among the teachers, who are the vocation guiders of the young women of our country. I believe it would be a very good kind of publicity.

The public school teachers have also learned that they can gain much by visiting schools. In some cities one day each term is set aside as "visiting day." If we could learn to pursue this course it would benefit the visitor and visited. It is considered a fine impetus to good teaching. We cannot afford to neglect it.

Whether we make use of the suggestions presented in this paper or whether we evolve others more efficacious, one thing is certain,— we must do something and we must begin it quickly, or we shall lose the opportunity which is now ours, and unnecessarily defer the day when our schools of nursing will function as schools capable of preparing young women for fields which are today crying loudly for their service.

Two girls were on their way home from a local hospital and were discussing an operation. One of the girls was a recent graduate and the other was expecting to enter training. Naturally the conversation related to hospital life. They had been accompanied by a boy of about ten years of age and they were astonished and greatly amused when he asked, "Miss H., when you saw anyone cut open did you ever see his conscience and what did it look like?"

Dr. —, at the phone: "Please send the ethyl chloride to Ward II."

Timid voice over the wire: "There is no one here by that name, doctor."

DEPARTMENT OF RED CROSS NURSING

CLARA D. NOYES, R.N., DEPARTMENT EDITOR

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One of the first sights that greeted us, as the train halted at the Polish border for the customs inspection, was a group of Red Cross nurses, en route from Paris to Warsaw for service with the health units to which they had been assigned, in the midst of a heated argument with the officials. Miss Hay went forward to investigate and was both amused and a bit annoyed to find that the bone of contention was the stubborn insistence of the customs officials that the heavy "regulation" boots of the nurses must be weighed and entered as dutiable. After a voluble argument in German, Miss Hay succeeded in getting them to see the light and the shoes were admitted to Poland free of duty.

For those of us who have been familiar from our youth up with American hospitals and nursing methods, it is impossible to realize what the installation of a modern nursing system should ultimately mean to the distraught countries of war-stricken Europe. Confronted by problems of disease and malnutrition, so colossal that even an extensive and thoroughly equipped medical and nursing service would find itself hard pressed to abate them, these depleted, devitalized nations are to-day almost entirely lacking the most elementary system of nursing, while their understanding of modern nursing is still very vague. Here and there an individual or a group of individuals has caught the idea and is beginning to stir the soil in an effort to produce for their people what America and England have for many years possessed.

It was only natural, therefore, that the first school for nurses, which was established in Prague under American Red Cross standards, should be the cynosure of all eyes; and that no sooner had this enterprise been securely established than groups of public spirited citizens in Poland set about the task of obtaining our coöperation in founding similar schools in their own land.

Polish Red Cross officials were first to launch this movement and enlist the support of the American Red Cross but, upon a careful investigation of all phases of the subject, it was deemed advisable to have the assurance of the interest of other groups as well. Accordingly, a conference was arranged at which were represented the Polish Red Cross, the Minister of Hygiene, professors from the universities, members of the medical profession, military authorities

and other leading citizens of Poland on the one side, while Helen Scott Hay, Chief Nurse of the American Commission to Europe, representatives of the American Red Cross Commission to Poland, and I, representing the American Red Cross, were on the other side.

For the purpose of gaining first hand information as to the conditions and potentialities of a proper teaching field, Miss Hay and I first made a personal survey of the hospitals of Krakow, Warsaw and Posen at the invitation of the Polish authorities. We were accompanied by Stella Mathews, Director of Nursing, of the Polish Commission, who has been particularly interested in the development of schools.

Krakow had not been included in our itinerary because of our limited time but, due to a railroad strike which was prevailing in Poland unknown to us, we discovered that our through tickets from Prague to Warsaw meant nothing and that we would have to reach the Polish capital via Krakow. Thus we were given opportunity to visit the activities conducted under Red Cross auspices in this picturesque old city.

Several important projects are being directed by the American Red Cross Nursing Service in Krakow: a tuberculosis clinic, including a day nursery and food distribution, and classes in Home Hygiene and Care of the Sick, which are conducted in one of the most ancient hospitals in the country for the benefit of the religious Sisters in charge.

The tuberculosis clinic, which is located in a modern, well-equipped building, was being admirably directed by a Polish physician though, like most of the doctors and nurses, he was obliged to work under most disheartening conditions, the nourishing diet, which is so large a part of the treatment of cases of this kind, being almost hopelessly beyond the reach of the majority of the patients.

Chronic food shortage is one of the most pathetic phases of hospitalization and after-care overseas. While the American Relief Administration was at the time feeding hundreds of destitute children, it was compelled to limit its charity to children under five and had not a sufficient appropriation to permit any general feeding plan. Inasmuch as the worst tuberculous cases at the clinic were above this age limit, the Red Cross had established a diet kitchen to provide for the older children. Plans were also being made to supplement the treatment of the adult patients by food rations, for without such assistance, together with enough warm clothing to fortify the frail bodies against the bitter Polish winter, the physicians were in despair of ever waging anything but a losing campaign against the Great White Plague.

To send patients home lacking both food and clothing, knowing beyond doubt that there was not a possibility of their obtaining either the one or the other, has been one of the heartbreaking tasks the medical and nursing personnel overseas has had to perform in practically every land in that "Zone of Horror" where, Henry P. Davison declares, "civilization has broken down."

Perhaps the most unique classes in Home Hygiene and Care of the Sick which we had ever had occasion to visit were those we found in Krakow's most ancient hospital, where Miss Ayres, an American Red Cross nurse, had organized such instruction for the benefit of the religious Sisters in charge. Great interest was being manifested by the Sisters in this aspect of their vocation. Their only fear was that they might not be permitted to practice on the wards what they were learning in the classroom. "The doctors may not approve," was constantly on their lips. It was a doubt not altogether unfounded, inasmuch as there exists in many European countries a prejudice on the part of the medical profession against the highly specialized nurse. Strangely enough, instead of appreciating the value of intelligent and skilled coöperation, the doctors generally seem to regard such trained service in the light of competition, to be feared and minimized as much as possible.

We found the wards in this Krakow hospital in the most deplorable condition. In many of them, especially in those for infectious surgical cases, we found two patients, inadequately clothed, in the same bed. Dark blankets served for spreads or top sheets. The linen was changed but once a week. Convalescent patients wore no stockings. Most of them walked about the cold floors barefooted, only a few cases have been seen wearing slippers or shoes on their unstockinged feet. Ventilation was only a name and the lavatories were noticeably neglected.

The daily ration of bread was set upon the bedside tables side by side with sputum cups and other utensils, miscellaneous articles of food brought in by sympathetic relatives early in the morning, adding to the sickening *melee*. Patients were permitted to partake of this assortment of provisions whenever they were so inclined. No sick diets were prepared and no systematized method of serving the sufferers obtained. Odors nauseating in actuality and suggestiveness filled the air and flies swarmed over everything, animate and inanimate.

It was such unsanitary conditions as these, all too common in the old hospitals of Poland, that had led her progressive citizens to turn to the American Red Cross for nurses to organize modern schools for nurses' training.

Conditions similar to those obtaining in the Krakow hospital existed in many of those that we visited in Warsaw, though the Hospital of the Infant Jesus, enormous in size and architecturally a gem, presented the opposite picture. This hospital was built by the Russians and is truly splendid in beauty and proportions. It is of the pavilion type, two stories high, and the ward floors are tiled in blue and white and the corridors in brown and white. Here also a religious order was in charge. The Sisters were very progressive and their wards were models of cleanliness. It was gratifying to find linen on the beds and especially to note the spreads marked with the coat of arms of the United States Army. This was due to the fact that many of the military supplies after the armistice were turned over to the American Red Cross and eventually found their way into such institutions as these.

The director of the hospital, a Polish physician and a most delightful gentleman, accompanied us through the hospital. He seemed most desirous that a training school should be connected with his institution, but the chief obstacle to the fulfillment of this desire,—and a very definite one,—was the lack of a school building.

One of the memorable events of our tour through Warsaw was a visit to a most interesting and thoroughly modern children's hospital. Miss Schlenker, a young Polish gentlewoman, had given the money for this charity and was herself its director. It was one of the most magnificent and worth while gifts I have ever seen, and we were interested to learn of the motives which had actuated such generosity. We found that Miss Schlenker had long been tremendously interested in the subject of child welfare, and particularly in the children of Warsaw. She had proved the sincerity of this enthusiasm by beginning a course of training in an English hospital, but had not been able to complete it. The experience had given her a solid foundation, however, for the work she was then doing as director of the hospital.

Not only the hospital proper but all its equipment had been procured with Miss Schlenker's money and not a modern appliance for the care of children, not an up-to-date arrangement for the reception, examination, segregation and isolation of patients had been omitted. Lavatories, tea kitchens and toilets were of the latest and most approved type. Progressiveness and efficiency were everywhere in evidence.

Miss Schlenker, by the way, was one of the members of the Special Nursing Committee organized, as previously mentioned, for the consideration of a modern school of nursing for Warsaw.

There was no school of nursing in connection with this institution, which is supervised by a few graduate nurses and practical

assistants, of whom there are twenty-two. It was our hope to see this hospital used as the teaching field in the care of children, for the nurses in the contemplated school.

Plans for the Warsaw School have now developed to the point where a director has been engaged. This is no other than Helen Bridge, an American Red Cross Nurse, of Barnes Hospital, St. Louis, and more recently an instructor in the Illinois Training School for Nurses. During the year 1920 she served with the American Red Cross Nursing Unit in Siberia. Miss Bridge sailed April 12 for her new duties. Upon her arrival she will begin her work of organizing her corps of assistants who will be provided by the American Red Cross through a gift from a member of the nursing profession in this country. Due to the modesty of the donor, the story of this gift may be only sketched, but every nurse in America will be greatly interested to know that the money for this Warsaw School for nurses' training has been given by a young American nurse who has pledged \$10,000 a year for three years. She has stipulated that her name be withheld. Her particular interest in Poland grew out of a lifelong friendship with a Polish gentlewoman well known in the leading circles of this country and Europe, and it has taken this substantial form of helping a brave people to the realization of their dream of a modern system of nursing.

By means of this financial assistance the Warsaw Training School will be able to boast five nursing organizers: a director, an assistant director, two instructors,—one for practical work in the hospital and one for theoretical work in the school,—and a public health nurse to develop a course in Public Health Nursing in connection with the students' curriculum. A small fund will also be available for miscellaneous purposes, such as equipment, textbooks, etc.

Having motored from Krakow to Warsaw, as the only means of reaching that city because of the railroad strike, in a Mercedes car of the vintage of 1910, but with a high-powered engine, we felt that nothing the Fates might impose in the future could have any terrors for us. This statement may be better understood when it is explained that our Polish chauffeur drove with the abandon one might expect of a chauffeur who had figured as a professional in racing circles of Europe for several years prior to the war.

We motored up to Bialystock in the same mad way, under the same guidance. We made Bialystock, a distance of one hundred and fifteen miles, and back to Warsaw in one day and had time to visit a nursing group that had been sent to that city for the purpose of organizing a special nursing health unit. We found its members engaged in putting the little hospital in order and planning for the

development of a dispensary, special clinics and visiting nursing. Alice G. Carr, an American Red Cross nurse then with the Polish unit was in charge, assisted by Misses Ayres, Lloyd, Rose and Frederick. Miss Rose, a public health nurse, was assigned for the purpose of developing such public health nursing work as might be indicated.

From Bialystock we went to Posen, this time by rail, traveling in a special American Red Cross car which was rather a glorified caboose. At Posen, where the Polish Red Cross was also urging the organization of a school and soliciting participation of the Red Cross, we met representatives of the Polish Red Cross, also members of the medical profession, leading citizens and military officials, and went over the general field. We later submitted in writing the plan on which we felt the school should be organized and the terms which would be acceptable to the American Red Cross before pledging ourselves to participate.

Several of our nurses had been engaged in teaching classes in Home Hygiene and Care of the Sick for the purpose of preparing the Polish aides for military service. No hospital practice was given in this connection, but at the request of the Polish Red Cross the following nurses had been assigned for this duty: Misses MacDonald, Johnson and Sokowitz. Miss Sokowitz is a Polish-American Red Cross nurse.

Before leaving the vicinity we motored out to Kornik, a little village fifteen miles from Posen. Here we called at the Zamoyaska Castle, where two of our Red Cross nurses,—both Polish-speaking, Polish-Americans,—were stationed. These were Misses Wartosky and Skorupa, who had taken their training in this country and spoke English as fluently as their native tongue. They were conducting classes in Home Hygiene and Care of the Sick in the little village of Kornik, where they had also developed visiting nursing and a children's clinic.

Count Zamoyaska, who had been exiled by the Germans for thirty-four years, had but just been able to return to his ancestral estate, following the German evacuation. He recited with great glee a story of the Red Cross nurses' rowing a boat around the moat, something that had not stirred the placidity of those historic waters for many a year. Like his compatriots, Count Zamoyaska was loud in his praises of the American Red Cross and joined the plaudits of the people of Kornik for the work our nurses were accomplishing in Poland.

No doubt the names of the Red Cross nurses attached to the training school at Posen will be of interest to members of their profession in this country; they are: Stella Mathews, acting director, Mary R. Walsh and Emily Skorupa.

FOREIGN DEPARTMENT

LAVINIA L. DOCK, R.N., DEPARTMENT EDITOR
Fayetteville, Pa.

ENGLISH NEWS

The *British Journal of Nursing* for March 19 tells of the opening of a "Mothers' Clinic for Birth Control" in London. It is to be supported financially by private persons, who are known as scientists and altruists as well. Thus, a demonstration and object lesson will be given which is as yet forbidden by law in this land of the free in which we live on this side of the water. Our man-made laws class such knowledge as "obscene," whereas the Mothers' Clinic founders are animated by:

reverence not only for the fruitful mother as such, but for her spirit as the creator of our race; reverence for the wife, who is the center of the united love and tenderness in the home; reverence for the child, that it shall not be allowed to come unwanted and unloved to play a miserable part amongst us; reverence for the race, that it shall be represented on this earth by the most perfect and God-like individuals that it is in our power to call forth in His image.

This clinic stands for all these reverences, and maintains that they can only be obtained by knowledge. It is only fair to say that our post office regulations, covering so-called "obscene" matter, were originally designed for good purposes, and have had the effect of keeping out of the mails much objectionable matter such as circulates abroad. However, these regulations and the ignorance of legislatures must not extend to prohibit the teaching of natural facts. Women must help to overcome this ignorance.

We feel a lively sympathy with the "Professional Union of Trained Nurses" of England (the union that is affiliated with the Labor Party) for it is quite evident that this youngest organized group is now drawing the fire and meeting the hatred of all those odious money powers and mercenary interests which used to be directed against the older professional and political groups of nurses and other women. The struggle for registration having been won, those older groups are now too strong to be bullied, so the tactics of intimidation and boycotting are turned against the Professional Union. Political freedom having been gained, this brave little minority is making the fight for industrial freedom. That is the revolution of the young, and of the next generation. It sweeps far, far ahead of the one in which we older people were engaged. There must be no standing still. The young will lead the new advances. We love and applaud them and wish them well.

A brief passage-at-arms with Miss Rundle about registration

fees and the College of Nursing has brought us no final statement from her, but this paragraph from the *British Journal of Nursing*:

The College Council made this promise, [that if they (nurses) paid a guinea and were on the College Register, they would *ipso facto*, without further fee, be on the State Register when an act was passed] to some 18,000 nurses, and what is more, it has publicly acknowledged its legal liability. Every nurse who paid a guinea to the College for state registration can claim her guinea from the College by presenting evidence that she has been registered by either the General Nursing Council for England, Scotland, or Ireland, and although the College Council has pleaded poverty and invited its members not to enforce a refund of their guineas for this purpose, the fact remains that they are pledged to pay it, and least said soonest mended.

The Metropolitan Life Insurance Company reports marked declines in the mortality from tuberculosis, influenza and pneumonia, among its more than sixteen million policyholders, during the year 1920. Mortality from tuberculosis was 40 per cent less than in 1911, and from influenza-pneumonia 27 per cent lower than in 1919. This development in the control of tuberculosis is no doubt due to the educational campaign which has been waged and to the nursing service which has been provided.

The mortality from accidents was one-fourth lower than in 1911. The favorable aspect of the accident record is, perhaps, the result of the safety movement. The increased mortality from automobile accidents is the only blot on the accident record of 1920. It is now higher than the rates for any of the other principal causes of accidental death. It is estimated that during 1920 nearly thirteen thousand deaths resulted from automobile accidents in the United States and Canada.

The death rate for diphtheria, measles, scarlet fever and whooping cough was higher for 1920 than for 1919. This fact raises the question whether enough effort is being expended in the work of controlling these communicable diseases.

The death rate for diseases and conditions associated with childbearing also shows an increase. Part of the increase in the maternal death rate was due to the high mortality caused by influenza. The most unsatisfactory aspect of the obstetrical statistics, however, was the increased death rate from puerperal sepsis.

More than 15,000 children of needy families in New York City were cared for during 1920 through the agency of the Babies Welfare Federation of New York City according to the annual statement of the Federation just issued.

By far the largest number of this total were new-born babies whose mothers were referred to the Federation for care after they had left the maternity hospitals. Through the agency of the Federation, public health nurses have visited 12,641 mothers to make sure that the new-born infants are receiving proper treatment and that the mothers are taking advantage of the facilities offered by the baby health stations.

Hospital treatment, as well as convalescent and fresh air care have been provided to a large number of other children, while more than two thousand whose parents have been obliged to go out to work, have been placed by the Federation in boarding homes certified by the City, thus ensuring them the advantages of good home surroundings.

DEPARTMENT OF PUBLIC HEALTH NURSING
THE SOCIAL SERVICE DEPARTMENT OF THE MEMORIAL
HOSPITAL, WORCESTER, MASSACHUSETTS

BY SARAH C. EBERSOLE, R.N.

The Memorial Hospital of Worcester is a general hospital which was incorporated by an act of the legislature in 1871. At first the hospital had only 19 beds, but additions have been made from time to time until now it has a capacity of 200 beds, a well-equipped surgical department, a pathological laboratory, an X-ray department, and other modern features. The hospital is prepared to care for accident cases and patients suffering from all kinds of illness except contagious diseases.

The work of the free dispensary was begun in a congested part of the city and continued there until 1888 when it was transferred to the hospital site.

It has been most fortunate for the institution and its growth that the superintendent and the Board of Trustees have been progressive and socially minded.

In 1892 district nursing was started in Worcester through the efforts of the hospital officials, and one nurse was employed for this purpose. She was quartered at the hospital until 1899 when this work was taken over by the present incorporated Society of District Nursing. Thirty-five nurses are now employed.

The hospital authorities, always alive to the interests of their patients and to the community needs, employed a social worker in 1911 to work in the interests of the hospital and the dispensary patients. She resigned at the end of the year and there was no worker for several months. In 1912 the department was reorganized along new and broader lines.

The purpose of the social service department is to coöperate with the hospital, and extend the medical work of the institution which aims to provide for each patient the best possible service. It helps the patient carry out, when in his own home, the treatment prescribed in the hospital or dispensary. The patient is given advice and encouragement and, when he is in need of material aid, he is referred to agencies which have been organized for his benefit and of which he may be ignorant. The department also helps to carry the educational influences of the hospital into the homes of the community.

The social service department is the admitting office for the dispensary. All patients, who apply to the out-patient department

for treatment, are seen and they are assigned to the clinic to which they belong, or referred to physicians if their financial condition warrants it. All hospital patients, who cannot pay the full rates, and others for social reasons, are referred to the social service department. This department arranges rates according to the income of the patients. The policy is to have them pay something if it is possible. Some are admitted free and others pay from a dollar a week up to the full rate. Arrangements are made for X-ray pictures and other examinations free of charge or at reduced rates.

The dispensary service has undergone a good many changes since the social service department was installed. The pharmacist was formerly the admitting officer and was assisted by an office clerk. No investigations, either social or financial, were possible. Now this is changed and affairs are carried on in a systematic way. Certain charges are made for drugs and the charges are handled through the social service department. No prescription is filled free unless endorsed by the social service worker.

Social service is always a personal service. The social worker, who acts as "next friend" to the patient, makes sure that he sees the proper physician, understands the advice he has received, and has the means to carry it out.

A family history is taken of each patient. The object of this is:

1. To gain such information, as it is possible to secure, in regard to the health and social situation of the patient in order that it may assist the physician in his clinical examination and treatment, and thus help the patient to regain health and happiness.

2. To protect the staff physician from giving free service when it is not necessary.

3. To protect the hospital and dispensary from giving free service when it is not needed.

4. To obtain a record which can be filed for future reference.

There are many phases of the social service work. Home visits are made to gain any information in regard to the health or social situation of the patients which may assist the physician in his treatment. Instructions are given in individual hygiene. Patients are placed in convalescent or temporary homes. Some are placed in permanent homes, and those requiring special care, such as cripples, defectives, epileptics, the deaf and the aged, are placed in the proper institutions. It is sometimes necessary to accompany patients to their homes, to other institutions, or to trains. Employment is secured for those who are out of work and aid is given destitute families. Arrangements are made for some patients to have treatments in their own homes and for others to return to the hospital for

treatment. In all of this work the coöperation of other societies is secured regarding patients in whom they are interested.

The afflicted may receive help from any of the following services: Surgical, medical, dental, orthopedic including corrective massage, gynecological, obstetrical, electro-therapeutic, X-ray, and those for diseases of the ear, nose and throat, for diseases of the eye, for well children, for diseases of the skin, for syphilitic patients, for nervous diseases including mental tests, and for defects of speech.

A consulting dietitian is employed to work in the clinics to advise about diet and hygiene. Her headquarters are in the medical clinic but all clinics have the privilege of her service. She weighs and measures the children, paying special attention to those of pre-school age, since medical inspection, weighing and measuring are now done in our public schools. She gives general instruction concerning food, and instruction in special cases of nutrition which affect the growth of the child. She prescribes special diets for individual cases at the discretion of the physician. She tries to interest the mothers in instruction concerning nutrition and in milk stations for the children. The social workers do the follow-up work in the homes. The results are encouraging.

Our obstetrical or pre-natal clinic was started early in 1915. It was the first clinic of its kind in Worcester and has always been an active one. When this clinic was organized the District Nursing Society was asked to coöperate, and they have always done so. Clinics are held twice each week. A district nurse is present at each clinic. She takes the names and addresses of patients, and secures any information which she can concerning their conditions. Later she visits them in their homes and instructs them about pre-natal care and clothing for the baby. After the child is born the nurse continues her visits to the home as long as it is necessary. This has proved to be a very satisfactory arrangement, and it seems to be the legitimate work of the district nurses.

The District Nursing Society coöperates with all other departments. When the service of a nurse is needed in a home, the case is referred to the District Nursing Society. They, in turn, send to the social service department patients who need free or partially free hospital or dispensary care. All other societies in Worcester coöperate in the same way.

Material aid is given only in cases of emergency. The patients are referred to the proper agencies. The confidential exchange system is used and thus each agency has the use of a complete file of people who are being aided by any of the other agencies. In this way overlapping of effort is prevented. There is a fine spirit of coöperation.

In the orthopedic department many braces and supports are ordered for the patients, many of whom cannot afford to pay the full price for them; some cannot afford to pay at all. A loan system provides for those who can pay only in small amounts. The social service department pays for all braces and other supports. The patients then reimburse the department in small amounts as they can spare the money. If, on investigation, it is found that they cannot pay, the confidential exchange is consulted and, if they are registered with another agency, the support of that agency is enlisted. If they are not registered, the bill is paid by the department. In this way all, who need braces or other orthopedic apparatus, are supplied.

There is a Memorial Hospital Aid Society composed of women who are actively interested in the social service department. They have a social service committee with the following sub-committees:

1. Motor service corps. The corps furnishes an automobile when it is needed by the social worker in making calls or in carrying patients to other institutions or to their homes.

2. School and kindergarten committee. This committee arranges for the teaching of children of school age if they have to remain in the hospital for long periods of time. The smaller children are given kindergarten work. Teachers are also procured from the normal school when they are needed.

3. Volunteer clinical workers. Clinical secretaries, clerical assistants and filing clerks make up this group.

4. Occupational therapy committee. The work of providing occupation for the patients was begun in a small way in 1914 and now it is recognized by the hospital authorities as a valuable therapeutic agent. Their motto is,—“A busy patient is a happy patient.” This committee has a loan library of more than 300 books for the use of the hospital patients. Some of the things taught are: basketry, bead work, chair seating, crocheting, embroidering, jig saw work, knitting, netting, rug making, rake knitting, sewing, tatting, weaving and wooden toy making. Preparation is now under way to open a work shop where the patients can work. When this is ready, patients will be admitted from the dispensary on the doctor's prescription.

5. Holiday committee. Suitable entertainment and refreshments are provided for the hospital patients on all holidays. This is especially for the children. On Christmas day each patient in the hospital is remembered.

Perhaps this will give some idea of the work of our social service department. We feel that we have a good working organization; one that endeavors to meet the needs of our community.

HOSPITAL AND TRAINING SCHOOL ADMINISTRATION

ALICE SHEPARD GILMAN, R.N., DEPARTMENT EDITOR
Samaritan Hospital, Troy, N. Y.

THE STERILIZATION OF CATGUT BY RACHEL MURPHY, R.N.

Several inquiries on the methods of sterilizing catgut have been received by the editor of the Journal and it was suggested that the subject be taken up in connection with this department. The two methods given in this issue have been successfully used for a number of years.

METHOD I.

The preparation of catgut is possibly the most difficult problem with which the operating room supervisor has to deal. Any error in technique may result in complete destruction of the entire lot, or in imperfect sterilization. It is generally conceded that the only method worthy of consideration is that in which heat is employed.

It is a well recognized fact that catgut prepared by chemical process, although fairly safe, is to some degree uncertain. The simplest method and the method least likely to weaken the catgut is that in which chemicals are used, but, on the contrary, the possibility of ineffectual sterilization compromises any such routine.

The preparation of catgut by heat entails the greatest exactness in technique. The first requisite is the removal of all moisture from the catgut. If it is not absolutely dry, any exposure to moist heat, no matter in what medium, will result in its destruction. Until the hygroscopic character of the catgut, and the effect of moist heat upon it were known, any attempt to sterilize it by this method resulted in failure. The media used by us are cumol and liquid alboline, both of which boil at about the same temperature, 325°F. The catgut is put up in coils five feet in length, about fifty coils being put in a bundle, done up in two thicknesses of ordinary gauze. The catgut is dried in an oven at a temperature of 180°F. for two or three hours. The cumol or liquid alboline is heated in an agate vessel or in an old-fashioned stone kettle to a temperature of 175°F. by means of placing the kettle in a pan containing sand and heating over a gas flame. Any deviation from this is likely to result in failure. The object of placing the catgut in the oven is to dry off the moisture, and the purpose of heating the medium to a temperature of 175 F. is

to further remove any moisture. Moisture, no matter how trivial in amount, interferes with the tensile strength of the catgut. The catgut must be taken from the oven with forceps free from moisture and placed directly into the cumol or alboline. The catgut must not come in contact with the bottom of the vessel. Several layers of gauze are put into the solution and the catgut is placed on the gauze. The temperature is gradually raised to 300°F., which usually takes about two hours; then the flame is turned off and the temperature allowed to cool to 200°F. The liquid is then poured off and the vessel is allowed to remain in the hot sand for the purpose of freeing the catgut of the oil product.

The care of the sterilized product need not be dwelt upon particularly. Small test tubes capable of holding two coils meet ordinary requirements very well, and they entail no particular waste. Non-absorbent cotton is placed in the bottom of the tubes, and is used, tightly packed, to close the opening. The tubes are wrapped in sterile towels, and are carefully put away in glass jars with tightly fitting tops.

The catgut prepared in this way is pliable, its tensile strength is unimpaired and it is free from bacteria.

METHOD II.

Catgut is soaked in ether twenty-four hours and is occasionally shaken. The ether is poured off and the catgut is covered with chromic fluid, for a varying length of time according to the grade of the catgut. No. 0, requires one hour; No. 1, two hours, etc. At the end of the period necessary the chromic fluid is poured off and the catgut is dried. After drying, the catgut is boiled in alboline for twenty minutes on three successive days. The alboline is then poured off and the catgut is covered with chloroform and biniodide solution, the procedure being the same as it is in the preparation of plain catgut.

For use in many operating rooms throughout the country, catgut is purchased in tubes. These cannot be sterilized on the outside by boiling and they are submerged in a 1-500 solution of bichloride in large glass jars, removed with sterile forceps, and wiped off with sterile gauze before breaking. Some surgeons object to this method on the ground that a certain amount of the bichloride solution comes in contact with the fingers of the nurse, who is surgically clean and who handles the sutures, and that a slight amount of the disinfectant, which is carried to the tissues, may cause a necrosis at the point where the stitches are taken. For this reason many surgeons insist upon the use of prepared catgut that is put

in tubes which can be boiled because they feel that heat is the only safe method for the complete destruction of bacteria.

As this objection is simply an expression of a preference based on the belief of certain surgeons, and as both methods are being used with considerable success, operating room supervisors will be guided largely by the opinions of their surgeons in regard to the preparation of catgut, whether they depend entirely upon a prepared product which is put up ready for use, or upon their own method of sterilization.

TOO LATE FOR CLASSIFICATION

New England.—The programme of the New England Nurses' Convention includes the following papers: Progress of the Private Duty Nurse, by Victoria Liebreich; The Work for the Private Duty Nurse Today, by Minnie Hollingsworth; Resumé of Service Rendered by Red Cross Public Health Nurses throughout the Division, by Mary Nelson; Mental Health in Families, by Dr. E. W. Stearns; The Industrial Nurse as a Public Health Factor in the Community, by Mrs. Anna M. Staebler; Modern Methods of Instruction in Training Schools, by Miss Redfern; The Graduate from the Smaller Training School versus the Graduate from the Larger Training School, by Lucy C. Ayres; and The Consensus of Opinion in Regard to the Shortage of Applicants to Training Schools, by Mary M. Riddle. There will be a round table on Reorganization, and other round tables will be arranged on request.

North Carolina.—THE NORTH CAROLINA STATE NURSES' ASSOCIATION will hold its annual meeting at Wrightsville Beach, on June 13-16.

Oregon.—THE OREGON AGRICULTURAL COLLEGE expects to conduct a summer session from June 20 to July 30. Teachers, extension workers, college students who have missed work or who wish to finish their courses in less than the usual time, students wishing to make up entrance credits, homemakers, and others wanting practical instruction in useful arts, will find many interesting courses offered.

Texas.—THE TEXAS STATE BOARD OF NURSE EXAMINERS will hold examinations at Dallas, Paris, Galveston, Temple, San Antonio, and El Paso, on June 3-4, 1921.

LETTERS TO THE EDITOR

The editor is not responsible for opinions expressed in this department. All communications must be accompanied by the name and address of the writer to ensure publication.

MINISTERING TO THE PEOPLE OF THE ORIENT

Dear Editor: The people of the Orient are filled with superstition, fear and strange ideas. It is, therefore, not always easy to minister to them. One day a mother with a month-old baby on her back came to the dispensary. A glance showed that the child was very sick. There were many abscesses on the child's head, which was covered with a black substance. Being interested in all Korean first aid, I inquired what the substance was. I received the information that if a child has a rash or spots on its body when it is born, the placenta is burned and the charred mass is mixed with oil and applied to the affected area. The result of the treatment in this case was several bad infections into which eight incisions had to be made. Would the mother leave the baby in the hospital? Oh, no! She couldn't do that, so it was decided that we would incise the abscesses in the dispensary. After I had cleaned off the black mass, I took up the razor to shave off the hair. This was too much for the frightened mother. "Don't do anything," she said. "Just put on some yok (medicine) and let us go." The Korean doctor tried to explain to her that it was far better to have incisions made and that the scalp must be prepared first. As a final resort, she said, "Stop. I can't have anything done, for I didn't bring any money." We assured her that even though she had no money it would be all right, and that for the baby's sake we would give the treatment. At last, after much persuasion, we gained her consent and were able to relieve the tiny baby. Another time a lady, following an examination, was told that she needed a slight operation which could be done under a local anesthetic. "But I can't be operated on," she said, and went home. In half an hour or so she was back again. Her husband, who was undoubtedly the master in that household, had sent her back posthaste. She was operated upon and greatly helped. One day a very sick baby was brought to the hospital by the father and, because it was so very sick, it was taken into the hospital. The fact that the baby was left in a foreign hospital was too much for the superstitious grandmother, and she came and took it away. It was a very indignant, more modern father who found that his child had been taken away. We had done all we could to prevent the child being taken, but we had to leave that domestic problem to be solved in the home. As for the poor baby, it died two days later. We explained to a man one day that it was best for his wife to enter the hospital for treatment. The wife objected and refused, but the husband remarked, "She doesn't know anything," and taking her on his back he carried her upstairs to a bed where she remained happy until she was able to go home. A baby, who was very sick with pneumonia, was one day brought into the hospital. The family had given up all hope because the grandmother had told them that if a child was taken sick before it was a hundred days old, it would surely die. The poor child was filthy dirty and was sadly in need of care. We were glad to be able to show them that with cleanliness and care a child need not die even if it is not a hundred days old.

Korea

D. M. B.

AN ERRING PUPIL

Dear Editor: A senior nurse went joy riding, but not alone, with a married man and returned after 11 p. m., slightly intoxicated. It so happened that the

superintendent was obliged to go away the next morning without seeing the pupil who, evidently feeling that she would be discharged, left the hospital without telling anyone that she would not return. Since then she has applied to several training schools for admittance and has even written her former superintendent for recommendation of allowance of time. She is not an immoral girl. She is younger than the average pupil, and evidently accepted the invitation when in a state of weariness and rebellion against hospital discipline, which most pupils feel some time during their training. It is impossible to reinstate her in the school without impairing the discipline, but if she is accepted into another school, graduated and registered, the pupils of the first school will justly feel that the nursing profession has no standards in spite of its claims to high ideals. The girl, however, is young—only 20—and regrets most sincerely her action, which may be a lesson of lasting benefit, for she was very ambitious of advancement in the profession of nursing. Would it be right to admit her to another school, without credit for time already spent in training, and let her try again? Some of us who pass judgment have never been exposed to temptation. Some are endowed with the strength to resist. Are there not those who must learn by their mistakes before they can develop their full strength of character?

OSWEGO.

THE EXPERIENCES OF AN HOURLY DISTRICT NURSE

Dear Editor: Little did a district nurse think, as she swung up the street, that she would be soon called upon to save a life. Upon reaching the home of the patient, the family physician greeted her with words to the effect that the maternity case was not a normal one, and that there was much to be done. Several hypodermics were administered and not a little anaesthetic given, after which events happened in rapid succession. The obstetrician after a long, hard siege, which no one can appreciate unless he understands this profession, called for water with which to baptize the infant, and sank exhausted upon the nearest object, which, fortunately, was a chair, exclaiming, "The child is dead!" Imagine if you can, the startling effect these words had on the prospective father, who had waited long and patiently for a son, only to see him snatched away, as he then thought, by the hands of Death. The nurse, taking in the situation, and being very human, asked the physician if she might try artificial respiration. "Anything, but it will be of no use," was the discouraging reply; but she went to work. After what seemed many minutes, she was rewarded by a faint choked sound, and feeling that this was a good omen, she called for hot and cold water, and dipped the child in each alternately. A few more minutes passed, but finally the babe gave one long cry. Needless to say, this acted as a stimulant upon the doctor, who at once came to the assistance of the nurse. As all good stories end, so shall mine. The doctor was delighted and the entire family joyous. They paid not only what was asked, but twice the amount, and I think that the gratitude shown by these people could be echoed by many, many others, who have been benefited by visits from the district nurses.

New Hampshire

M. T. H.

THE RELIEF FUND

Dear Editor: I thought you might be interested to know the result of my labors for the Relief Fund. At the annual meeting last October I presented the matter and received \$60. One nurse paid for five years. The first of December I forwarded \$40 to the treasurer. I did not ask for contributions during December, as the nurses usually need their money at that time. The first of February

I forwarded \$20, and on the first of March I was able to forward \$43. I have on hand at this time \$5. I do not use postage to send leaflets to nurses whom I can see personally, but at each monthly meeting of the District Association I speak of it. One nurse gave \$10 after an appeal was made at the Public Health Conference. The response from sending out leaflets is not nearly as good as is the response from personal appeals,—nurses are so apt to procrastinate. I have a small book in which I record all the names and addresses of those who contribute. A very few would of their own accord send in the dollar next year. I feel that by having an accurate list of the names and addresses it will be possible to make personal appeals and obtain better results. I wonder what other states are doing about the Relief Fund.

I. R. S.

OLD COPIES OF THE JOURNAL

Dear Editor: I have the following old issues of the JOURNAL, which I should like to dispose of at fifteen cents a copy: December, 1918; all of 1919 except June and November; and all of 1920.

Box 216, Alpena, Michigan

EMMA ARA BACON.

THE KANSAS CITY MEETINGS

The convention of the National League of Nursing Education held in Kansas City, Missouri, April 11-14, was a great success from the standpoint of professional inspiration and advancement. It was a hard-working session. Subjects of present interest were discussed and studied and those who attended must have taken home with them new ideas, fresh courage, and a broader view of their work.

The secretary's report of the meetings and some of the papers read will be given space in the June JOURNAL. Other papers will appear as there is space for them both in the Department of Nursing Education and in the body of the JOURNAL.

NURSING NEWS AND ANNOUNCEMENTS

News items must be received at the JOURNAL office before the 15th of the month in order to ensure publication in the JOURNAL of the following month.

NURSES' RELIEF FUND, REPORT FOR MARCH, 1921

<i>Receipts</i>	
Previously acknowledged	\$2,241.29
Interest on bonds	40.00
Interest on 3rd Liberty bond	85.00
California: State Nurses' Assn., \$163.26; California Hospital Alumnae Assn., one \$50 Liberty bond	163.26
Connecticut: L. H. Cadwall, Novington	3.00
Florida: Louise W. Kung, St. Petersburg, \$1; Mary E. Reinhardt, Lake City, \$1	2.00
Georgia: Fourth District Nurses' Association	5.00
Illinois: State Nurses' Assn., \$23; Chicago, Jessie L. MacDonald and Elsbeth Lienhard, \$5 each; Lena J. Jacob, Ruth Crawford, and Jessie S. Laurie, \$1 each; Rockford, Margaret Kemlien \$2, and Rosabella Haney, \$1; Dixon, Susan Steel Durkee, \$1	40.00
Iowa: St. Luke's Hospital Al. Assn., Cedar Rapids, \$10; Beasie Peterson, Council Bluffs, \$1; Mary Alice Thulin, Davenport, \$1	12.00
Kansas: State Nurses' Association	34.00
Maryland: H. S. Sheridan, Mt. Washington	1.00
Massachusetts: Mrs. J. B. Ashley, 3rd, Nantucket, \$1; Lilla M. Hescock, Monson, \$5	6.00
Michigan: State Nurses' Association	26.00
Minnesota: Susan Holmes, Minneapolis	5.00
Missouri: State Nurses' Assn., \$3; Minnie Strobel, First District Association, \$1	9.00
New Jersey: District No. 15, \$15; District No. 1, \$3; District No. 6, \$4; District No. 2, \$3; Anna May Memorial Al. Assn., Spring Lake, \$10	40.00
New York: *Dist. No. 1, Anna L. Hansen, Edith Robbins, Carrie K. Riley, Elizabeth G. Dempster, Flora I. Dudley, and Anna Conlon, \$5 each; Teresa B. Bayliss, Mina R. Ryckman, R. Burton, and M. Hamilton, \$2 each; Josephine Burke, Bertha Morgenstern, C. Metcalf, Gertrude A. Kirby, E. Sarge, B. Magee, M. Schurriter, F. Spicer, A. VanAlystne, and M. VanAlystne, \$1 each; Dist. No. 6, A. Barton Hepburn Hospital Training School Al. Assn., \$5; Dist. No. 8, Saranac Lake Graduate Nurses' Assn., \$30; Dist. No. 13, St. John's Riverside Hospital, Cochrane Training School Al. Assn., \$100; New York Infirmary for Women and Children Training School Al. Assn., \$25; Pearl E. Irwin, Avon, \$1; *Mrs. G. A. Smith, \$5; Helen L. Cotter, Utica, \$1; Rosetta P. Forman and Emma B. Lindheimer, New York City, \$2 each; Adda Eldredge, \$10	229.00
Ohio: Dist. No. 3, Winnifred Woodrow and Mary Lapsley	2.00
Oklahoma: State Nurses' Association	45.65
Pennsylvania: Montefiore Hospital Al. Assn., Pittsburgh, in memory of Marie Dunn and Emma Beyers, \$10; Ella A. Cooper, Pittsburgh, \$3	13.00

* In memory of Sophia F. Palmer.

South Dakota: State Nurses' Association	24.50
Tennessee: District No. 4	9.10
Wisconsin: Dist. No. 10, \$10; Eleanor Eastman, Milwaukee, \$1; Esther G. Boren, Marinette, \$1; Lynnette L. Vandervost, Fond du Lac, \$1.....	13.00

Disbursements **\$3,048.80**

Paid to 14 applicants	\$230.00
Exchange on cheques60

230.60

\$ 2,818.20

Invested funds, par value	36,550.00
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\$39,368.20

Contributions for the Relief Fund should be sent to Mrs. C. F. Twiss, Treasurer, 14 East 50th Street, New York, and the cheques made payable to the Farmers Loan and Trust Company, New York City. For information, address E. E. Golding, chairman, 317 West 45th Street, New York City.

M. LOUISE TWISS, *Treasurer.*

**MEMORIAL FUND FOR THE NIGHTINGALE SCHOOL,
BORDEAUX, FRANCE**

(Contributions received up to April 15, 1921)

Previously acknowledged	\$50,767.85
Illinois*	54.00
New York	50.00

* In memory of Amy Lundgren.

\$50,871.85

ARMY NURSE CORPS

In March, the following named members of the Army Nurse Corps were ordered transferred to the stations indicated:—to Station Hospital, Fort Banks, Mass., 2nd Lt., Josephine A. Dietts; to Station Hospital, Camp Benning, Ga., 2nd Lt., Clifton A. Grinnell; to Station Hospital, Camp Devens, Mass., 2nd Lt., Isabel E. Muliek; to Station Hospital, Camp Dix, New Jersey, 2nd Lt., Edith Head; to Fitzsimmons General Hospital, Denver, Colorado, 2nd Lt., Patricia M. Barbour; to Station Hospital, Camp Grant, Illinois, 2nd Lt., Paula E. Mattfeldt and Stella Terrell; to Station Hospital, Fort Leavenworth, Kansas, 2nd Lt., Margaret E. Clarke; to Station Hospital, Camp Pike, Arkansas, 2nd Lt., Ruth R. Stadler; to Station Hospital, Fort Sill, Oklahoma, 1st Lt., Clara Belle White; to Station Hospital, Fort Totten, New York, 2nd Lt., Minerva O'Neale; to Walter Reed General Hospital, 1st Lt., Mary C. Jorgensen; to Station Hospital, West Point, New York, 2nd Lt., Maud A. Quinn; to Station Hospital, American Forces in Germany, Coblenz, Germany, 2nd Lt., Florence Iola Hilyer and Mary A. Scanlon; to the Hawaiian Department, 2nd Lt., Gail Langworthy; to the Philippine Department, 2nd Lt., Zara Madeline Ballard, Frances Berger, Marie J. Farrell, Louise Fennelle, Katherine A. Harka, Kathryn C. Hopkins, and Elsie Jewell Wigga.

Orders have been issued for the separation from the service of the following named 2nd Lt., Army Nurse Corps:—Margaret Sara Bell, Erna Carroll, Florence M. Dearden, Blanche V. Durbin, Mildred L. Givan, Margaret M. Johnston,

Elizabeth M. Jones, Laura L. Jones, Winifred M. Kelly, Sarah Elizabeth Logan, Vera Munde, Josephine A. Phelps, Mary A. Rayer, Lulu M. Rhone, Doris Clarissa Siler, Leona M. Snyder, Louise E. Stephenson, Viera M. Sutton, Birdie M. Weems, Anna M. Wethers.

The following named 2nd Lts., Army Nurse Corps, have been transferred from the reserve to the regular corps: Mary B. Robinson and Mary A. Scanlon.

The following have been appointed 2nd Lts., in the Army Nurse Corps and assigned to the stations indicated: to Walter Reed General Hospital, Takoma Park, D. C., Sara C. Cocaine, Florence J. Dolan, Olive M. Reid; to Station Hospital, Camp Lewis, Washington, Bessie L. Smith; to Letterman General Hospital, San Francisco, California, Marguerite Boardman.

On March 23, 2nd Lt., Helen E. Dwyer, Nurse, Army Nurse Corps, died at Manhattan Eye, Ear and Throat Hospital, New York City, where she was on sick leave from Camp Dix, New Jersey. She had been suffering from septic pneumonia, following an operation for mastoid.

The nurses at the Walter Reed Hospital have been enjoying unusual opportunities on the Saturday afternoons of the past month in being able to attend a class in nature study, conducted by Prof. Davis Lumsden, formerly Assistant Professor of Floral Culture, Cornell University, who is now employed by the War Department as landscape architect. Professor Lumsden takes groups of women, including members of the Army Nurse Corps, students of the Army School of Nursing, and Reconstruction Aides, to different localities near Washington and gives talks on the different phases of plant life which are found growing so variously and abundantly in this part of the country. Transportation for the group, which averages about fifty, is supplied and a picnic supper is prepared by the housekeeping department of the nurses' quarters.

JULIA C. STIMSON,

*Major, Superintendent, Army Nurse Corps,
and Dean, Army School of Nursing.*

NAVY NURSE CORPS

Upon the retirement of Rear Admiral W. C. Braisted, Edward R. Stitt, Rear Admiral, U. S. N., was appointed Surgeon General.

Admiral Stitt's interest in the Naval Nursing Service dates from the establishment of the Nurse Corps in 1908. Members of the first class, who were appointed after examination in Washington, were fortunate in hearing his lectures on certain aspects of nursing work peculiar to the Navy. Admiral Stitt was also Commanding Officer of one of the most important hospitals in the Navy and, in this position, was particularly interested in the standard of the Nurse Corps.

In appearing before various Committees Admiral Stitt has noted certain facts which seem to be the chief cause of shortage of nurses in the Nurse Corps at present and has suggested remedies which may result in future legislation to the advantage of the nursing services of the Government. He is keenly interested in maintaining a high professional standard and is in sympathy with recommendations which will permit the nurses to supplement their professional education.

The members of the Nurse Corps and the nursing profession at large are to be congratulated that the choice of the Surgeon General has fallen on one who is so keenly alert to the importance of the nursing profession.

The following nurses have been appointed and assigned to the Naval Hospitals

at the stations indicated. *To Chelsea, Mass.*, Margaret B. Angus, Chelsea, Mass. *To Fort Lyon, Colo.*, Alleen Lightner, Lexington, Ky. *To Great Lakes, Ill.*, Helen Walsh, Terre Haute, Ind. *To Norfolk, Va.*, Helen Rein, Ripley, Ohio. *To Mare Island, Calif.*, Mary P. Leeder, Los Angeles, Calif. *To Washington, D. C.*, Caroline C. Claude, Annapolis, Md. *To Naval Dispensary, Washington, D. C.*, Marietta Pierson, Chevy Chase Station, D. C.

The following nurses have been transferred: *To Annapolis, Md.*, Aurel Jean Baker, New York; Gladys M. Baker, New York; Kathleen O'Brien, New York. *To Great Lakes, Ill.*, Elizabeth Lewis, Mare Island. *To League Island, Pa.*, Hester Bailey, Great Lakes; Anna E. Gorham, Chief Nurse, Mare Island; Marie J. Kane, Newport; Kathryn V. Sheehan, Newport. *To Mare Island, Calif.*, Sarah Almond, Chief Nurse, (temporary), *U. S. S. Mercy*; Ruth Anderson, (temporary), *U. S. S. Mercy*; Loretta V. Connor, Great Lakes; May V. Eidemiller, Pearl Harbor; Katharine C. Glancy, (temporary), *U. S. S. Mercy*; Norah Kelleher, Fort Lyon; Mary D. Towse, (temporary), *U. S. S. Mercy*. *To Naval Base Station, Norfolk, Va.*, Josephine Corbett, Chelsea; Gertrude B. Wagner, Chelsea. *To Newport, R. I.*, Margaret F. Bresnahan, Chelsea; Anna W. Gray, Chelsea; Louise Le Clair, New York; Isabelle M. Leininger, League Island. *To New York, N. Y.*, Helen D. Carlisle, Newport; Nora B. Frederick, Annapolis; Anna M. Swanson, Great Lakes; Helen M. Wamsley, Newport. *To Pearl Harbor, T. H.*, Marilla Berry and Mary A. Murphy, Canacao. *To Quantico, Va.*, Hilda L. Bauman, Charleston; Kathryn M. Bonner, League Island; Jane E. Hamilton, Charleston. *To Washington, D. C.*, Adah L. Farnsworth, Newport; Laura E. Greenwood, Great Lakes; Ethel M. Redden, Newport.

The following nurses have been transferred from inactive to duty status: *To Chelsea, Mass.*, Eunice A. Ryan, Clifton Springs, N. Y. *To Washington, D. C.*, Irva R. Young, Washington, D. C.

The following nurses have been discharged from inactive status: Margaret C. Evans; Ida M. Fisher; Mary E. McInnes; Mary E. Olding; Dorothea Rosenmuller; and Loretta M. Self.

Honorable Discharges.—Mildred R. Beat, Pearl Harbor; Charlotte F. Hyde, Canacao; Mary Agnes Mulcahy, League Island; Ethyl J. Parks, Portsmouth, N. H.; Stephina M. Zesaki, Pearl Harbor.

Resignations.—Hulda H. Davis, Great Lakes; Margaret Kennedy, New York; Rose T. McCracken, Mare Island; Elizabeth A. Tubridy, Great Lakes; Bessie A. Van Winkle, Quantico; Jennie M. Zudrell, Great Lakes.

LENAH S. HIGBEE,

Superintendent, Navy Nurse Corps.

U. S. PUBLIC HEALTH SERVICE NURSE CORPS

The following is the list of promotions and transfers of Chief Nurses and Assistant Chief Nurses for the month of March: Sue A. Wilson, Head Nurse, Palo Alto, No. 24, transferred, Acting Chief Nurse, Houston, No. 25; Alice O'Dwyer, promoted, Assistant Chief Nurse, Houston, No. 25; Emma Sater, Chief Nurse, Houston, No. 25, transferred, Chief Nurse, Waukesha, No. 37; Mary Hart, Head Nurse, New Haven, No. 41, transferred, Acting Chief Nurse, Memphis, No. 12; Frances Ryan, Staff Nurse, promoted, Acting Chief Nurse, Lake City, No. 63; Mayme Hall, promoted, Assistant Chief Nurse, Palo Alto, No. 24; Nina Washmuth, Head Nurse, promoted, Assistant Chief Nurse, Oteen; Pauline McVey, Chief Nurse, Office District Supervisor, 4th District, Washington, D. C. The following nurses have been reinstated during the month of March: Mary G.

Elliott, Perryville, No. 42; Lalla Burke, West Roxbury, No. 44; Jane Sells, Arrowhead Springs, No. 54; Ora McCabe, Arrowhead Springs, No. 54; Mary McGlinn, Pittsburgh, No. 15; Dora Gamache, West Roxbury, No. 44; Marjory Duncan, Ellis Island, No. 43; Grace Engleman, Boise, No. 52; Mary Buzzard, Knoxville, No. 57; Louise Person, Chicago, No. 30; Helen Brundage, Boston, No. 2; Frances Ryan, Lake City, No. 63; Fern Hendry, Fort Thomas, No. 60; Gertrude Hasenjager, St. Louis, No. 35; Ruth Lindsey, Prescott, No. 50.

Three nurses, Mrs. Mary Hickey, Meta Brooke and Mabel Adama, have recently been promoted to Assistant Superintendents of Nurses for the purpose of recruiting nurses for the Public Health Service. One of these nurses will have the eastern district, one the western, and one the middle west, and it is hoped that in a short time sufficient nurses for the Public Health Service Hospitals will have been recruited.

The hospital at Helena, Montana, with a capacity of three hundred beds, will be ready on June 1. The hospital at Portland, Oregon, will be opened about that time.

Plans have been perfected for the organization of nurses' training schools in the Public Health Service and the programme is now ready for submission to the board of regents at Albany. The curriculum follows closely that of the Army School of Nursing, with the exception that the Public Health Service is able to give training in all branches of nursing except obstetrics, for which the affiliation will be made with some hospital in New York City. It is proposed to open these schools first at Ft. McHenry, Baltimore, Md., and Fox Hills, N. Y.

There were appointed to the service during the last month 131 nurses, and 14 nurses were reinstated.

LUCY MINNICHRODE,

Superintendent of Nurses, U. S. P. H. S.

THE AMERICAN CONFERENCE ON HOSPITAL SERVICE held a meeting on March 8 in Chicago, Ill. At this time the American Dietetic Association and the National Tuberculosis Association were admitted as members of the Conference. It was decided to make the mid-winter meeting, which takes place at the same time as the Annual Congress on Medical Education, Licensure, Hospitals and Public Health, the annual meeting of the Conference. This decision made it necessary to re-elect the officers for the coming year and to elect a trustee to fill the vacancy created by the resignation of Miss Henry. The following officers were elected: President, Dr. Frank Billings; vice-presidents, Dr. A. R. Warner and Clara D. Noyes; treasurer, Dr. Harry E. Mock; trustees, Rev. Charles B. Moul-
nier, Dr. Winford H. Smith, and Minnie H. Ahrens. The following policies were adopted by the Conference: 1. Maintenance of the Library and Service Bureau. 2. Hospital Standardization; (a) Endorsement of the standards of the American College of Surgeons, (b) Negotiations for the transfer of field work of the College of Surgeons to the Hospital Conference if at any time the College desires to transfer the work, (c) Formulation of additional standards applicable, respectively, to follow-up work, statistical reports of clinical work, accounting nursing and the like. 3. Training of hospital executives; (a) Cooperation with the work of committees named by the Rockefeller Foundation. 4. Development of higher medical standards and more efficient community medical service through postgraduate teaching; (a) support the further development of interns standards, American Medical Association, (b) Promote the fifth or interne year as the prerequisite for independent practice, (c) Encourage systematic teaching of graduates at hospital centers, (d) Promotion of plans for the establishment of

closer relations between practitioners and well-equipped diagnostic centers (Hospitals and dispensaries). Among the papers at the afternoon session were: Adequate Medical Service for a Community, by Dr. Winford H. Smith; and Dietotherapy, by Lula Graves. Donelda R. Hamlin gave a report on the Hospital Library and Service Bureau, which was followed by a discussion on the general theme, The American Conference on Hospital Service. Mary C. Wheeler, Bena M. Henderson, Laura R. Logan, Jessie L. McDonald, Edna L. Foley and Minnie H. Ahrens were the delegates from our three national nursing organizations.

THE AMERICAN HOSPITAL ASSOCIATION will hold its annual meeting on September 12-16 in West Baden, Indiana.

THE AMERICAN ASSOCIATION OF HOSPITAL SOCIAL WORKERS will hold its annual meeting in Milwaukee, Wisconsin, on June 21 and 22.

THE NATIONAL TUBERCULOSIS ASSOCIATION will hold its annual meeting in New York City, June 13-17.

THE NORTHWESTERN STATES' NURSES' ASSOCIATION, which includes Washington, Oregon, Idaho and Montana, will hold a meeting on June 22-24, in Portland, Oregon. During the conference a joint meeting of the nurses and the social workers of the state will be held.

THE NEW ENGLAND DIVISION OF THE AMERICAN NURSES' ASSOCIATION will hold its biennial convention in Concord, New Hampshire, May 10, 11 and 12. An interesting programme has been prepared with particular reference to nursing problems of to-day. A large attendance is expected.

THE NEW ENGLAND INDUSTRIAL NURSES' ASSOCIATION will hold its next meeting in Boston on April 9. These meetings are held on the second Saturday of each month from October to June. Mrs. Lois B. Ranton, an executive on the Board of the Boston Women's Trade Union League and also chairman of the Legislative Committee, will be the speaker for the April meeting. Her subject will be What the Working Woman Needs in Industry.

A Student Summer Conference is a ten days' gathering of students from colleges, universities, normal, and professional schools under the auspices of the Young Women's Christian Association. Each day there are classes and special meetings for Bible Study, World Fellowship, and Community Study. The leading teachers and ministers of the country are invited as leaders in these conferences along with the student Y. W. C. A. secretaries. Student nurses or superintendents and instructors in training schools who may be interested in attending these conferences should apply to the Department of Conventions and Conferences, National Board of the Young Women's Christian Association, 600 Lexington Avenue, New York City. The list of conferences is as follows: Southern Student I, Blue Ridge, N. C., June 3-13; Southern Student II, Montreat, N. C., June 3-13; Eastern Student, Silver Bay, N. Y., June 14-24; Northeastern Student, Camp Maque, Poland, Me., June 21-July 1; East Central Student, Eaglesmere Park, Pa., June 21-July 1; Central Student, College Camp, Wis., August 23-September 2; Rocky Mountain Student, Estes Park, Colo., August 16-26; Pacific Coast Student, Ashomar, Cal., June 18-28; Northwestern Student, Seabeck, Wash., August 29-September 8.

Alabama.—THE ALABAMA STATE BOARD OF NURSE EXAMINERS will hold an examination for the registration of nurses in Mobile, May 30 and 31; in Montgomery, May 30 and 31st, and in Birmingham, June 2 and 3.

Arizona.—The bill for state registration of nurses, which passed both the House of Representatives and the Senate by an unanimous vote, was signed by

Governor Thomas E. Campbell on March 12 and becomes a law on June 11. The bill reads as follows:

AN ACT

To regulate professional nursing of the sick in the State of Arizona, providing for the examination of and issuing of certificates to graduate nurses, and providing penalties for the violation of this Act.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ARIZONA:

Section 1. That the Governor of the State of Arizona shall appoint a State Board of Nurse Examiners for examination and certification of graduate nurses. This Board shall be composed of five graduate nurses, who shall be selected by the Governor from a list submitted by the Arizona State Nurses' Association, who shall have been graduated from an accredited school of nursing for nurses as defined by this Act, and shall be registered under the provisions of this Act. One of the members of this Board shall be designated to hold office for one year, one for two years, one for three years, one for four years and one for five years, and thereafter upon the expiration of the term of office of the person so appointed, the Governor of the State shall appoint a successor to each person whose term of office shall expire, said appointment to be for five years. In case appointment of a successor is not made before the expiration of the term of any member, such member shall hold office until a successor is appointed and duly qualified. Any vacancy occurring in membership of the Board shall be filled by the Governor of this State for the unexpired term of such member. All appointments shall be made by the Governor from lists of nurses submitted by the Arizona State Nurses' Association.

Section 2. The members of the State Board of Nurse Examiners shall, before entering upon the discharge of their duties, make and file with the Secretary of State the Constitutional Oath of Office. They shall, as soon as organized, and annually thereafter, in the month of January, elect from their membership, a president, and secretary, who shall be the treasurer of the Board and inspector of all schools of nursing within the State of Arizona, subject to the provisions of this Act. The treasurer, before entering upon his or her duties, shall file a bond with the Secretary of State for such sum as shall be required by the said Secretary of State. The Board shall adopt rules and regulations not inconsistent with this Act to govern its proceedings, and also a seal, and the secretary shall have the care and custody thereof, and shall keep a record of all proceedings of the Board, including a register of the names of all nurses duly registered under this Act, which shall be open at all times to public scrutiny; and the Board shall cause the prosecution of all persons violating the provisions of this Act and may incur necessary expenses in that behalf. The secretary of the Board shall receive a salary, which shall be fixed by the Board, and he or she shall also receive traveling and other expenses incurred in the performance of his or her official duties. The other members shall receive the sum of Five Dollars per day for each day actually engaged in this service and all legitimate and necessary expenses and salaries shall be paid from the fees received by the Board under the provisions of this Act, and no part of the salary and other expenses of the Board shall be paid out of the State Treasury. All moneys received in excess of said per diem allowance and other expenses provided for shall be held by the treasurer as a Special Fund for meeting the expenses of said Board, and the cost of annual reports of proceedings of said Board.

Section 3. Three members of the Board shall constitute a quorum. Special meetings of the Board shall be called by the secretary upon the written request of any two members.

Section 4. It shall be the duty of the Board to meet at least once in every six months, notice of which shall be given in not less than six newspapers of the State and in at least one nursing journal thirty days previous to the time of meeting. At such meeting, it shall be the duty of the Board to examine all applicants seeking certification under the provisions of this Act. The examination shall be of such a character as to determine the fitness of the applicant to practice professional nursing of the sick. If the result of the examination of any applicant shall be satisfactory to a majority of the Board, the secretary shall, upon an order of the Board, issue to the applicant a certificate to that effect, whereupon the person named in the certificate shall be declared duly licensed to practice professional nursing in this State for the period of one year from the date of the recording of such certificate, in the office of the Recorder of the County wherein said applicant resides: Provided, that such certificate may be renewed annually thereafter without examination, or the performance of any duty other than the payment of an annual license fee of one dollar to the treasurer of the State Board of Nurse Examiners and the recording of such renewal certificate in the office of the recorder as aforesaid: Provided further, that the County Recorder shall record such certificate upon the payment of a fee of one dollar and shall record such renewal certificate without charge.

Section 5. An applicant who desires to practice professional nursing shall furnish satisfactory evidence that he or she is more than twenty years of age, has received sufficient preliminary education as may be determined by the Board and must present evidence satisfactory to the Board of having completed in an accredited school of nursing a course of instruction including the number of hours of theoretical teaching as required by the Board during two years' actual training in the care of medical and surgical patients (male and female), obstetrical patients and sick children. The applicant shall have two trained or graduate nurses, who are personally acquainted with the applicant, certify that such applicant is honest, trustworthy and of good moral character and not addicted to the use of intoxicants or narcotics, together with such other reasonable information as the Board may require from such vouchers, which certificate shall be endorsed upon the application. Every applicant for registration shall pay a fee of ten dollars upon filing the application and one dollar for renewal of license yearly thereafter. An accredited school of nursing is hereby defined to be a school for the education and training of nurses attached to or operated in connection with a hospital or hospitals giving a course of instruction in theoretical teaching and practical work covering not less than two or more than three years. Theoretical teaching shall consist of the required number of hours of instruction in such subjects, and arranged in such order as the Board may from time to time determine. Practical teaching shall consist of instruction in the care of medical and surgical patients, obstetrical patients and sick children, as may be determined by the Board. Schools maintaining a three year course must be connected with a hospital having a daily average of not less than one hundred patients and which shall provide in addition to the requirement of the two year course, the theoretical and practical teaching in such subjects and arranged in such order of instruction as the Board may determine.

Section 6. Any person who shall show to the satisfaction of the State Board of Nurse Examiners, that he or she graduated from a school of nursing connected with the general hospital of good standing prior to the first day of January, 1921, or who was in training on the first day of January, 1921, and shall thereafter be graduated, shall be entitled to a license without passing an

examination: Provided, such application shall be made within twelve months after the passage of this Act.

Section 7. All persons who have duly received licenses or certificates in accordance with the provisions of this Act, shall be known and styled as registered nurses, and it shall be unlawful, after one year from the passage of this Act, for any other person to advertise or assume the title of Registered Nurse, or to use the abbreviation of "R. N.", or any other words, letters or figures to indicate that the person using the same is a Registered Nurse.

Section 8. Any person violating the provisions of this Act shall be guilty of a misdemeanor and punishable by a fine of not less than twenty-five dollars (\$25) nor more than fifty dollars (\$50), for the first offense, and not less than fifty dollars (\$50) nor more than five hundred dollars (\$500) for each subsequent offense.

Section 9. This act shall not be construed to affect or apply to the gratuitous nursing of the sick by friends or members of the family, and also, it shall not apply to any person nursing the sick for hire, but who does not in any way assume to be or practice as a registered nurse.

Section 10. Any person who shall wilfully make any false representation to the State Board of Nurse Examiners in applying for a license, shall be guilty of a misdemeanor, and upon conviction, be punished by a fine of not less than ten dollars (\$10), nor more than fifty dollars (\$50).

Section 11. The State Board of Nurse Examiners shall have the power to revoke any certificate or license issued in accordance with this Act by four-fifths (4-5) majority vote of said Board for gross incompetency, dishonesty, habitual intemperance or any act derogatory to the morals or standing of the profession of nursing, as may be determined by the Board, but before any license or certificate shall be revoked, the holder thereof shall be entitled to at least thirty days' notice of the charges against him or her, and the time and place of hearing and determining such charges, at which time and place he or she shall be entitled to be heard. Upon the revocation of any certificate or license, it shall be the duty of the secretary of the Board to strike the name of the holder thereof from the roll of registered nurses.

Section 12. The State Board of Nurse Examiners, upon written application, together with such references and proof of identification as the Board may by rule prescribe, may issue a certificate without examination to any person who shall have been registered under the law of any other state or territory of the United States, or of a foreign country or province, the requirements of which for securing such registration were at the time of issuance thereof, equivalent to the requirements prescribed by this Act, and which give the same privilege to registered nurses of this state; provided, that every applicant shall pay the fee and record their certificate as required by sections 4, 5 and 6 of this Act.

Section 13. This Act shall be in force and effect from and after its passage and approval.

DISTRICT ASSOCIATION No. 1 has the following officers: President, Mrs. Lillian Russell; vice-president, Helen Egan; secretary, Ross Benanto; treasurer, Sara Righetti. Phoenix.—THE ALUMNAE ASSOCIATION OF ST. JOSEPH'S HOSPITAL was organized February 10, with a membership of 33. The officers elected were: President, Rose Benanato; vice-president, Mrs. Dora Burch; secretary-treasurer, Mrs. Margaret Culp. ST. JOSEPH'S HOSPITAL TRAINING SCHOOL awarded diplomas to thirteen young women on March 31. This class was the first to be graduated under the new state registration law. Mrs. H. A. Guild addressed the class on

The Opportunities of the State Federation of Registered Nurses for Public Services.

Arkansas: Hot Springs.—THE LEO N. LEVI MEMORIAL HOSPITAL ALUMNAE ASSOCIATION was recently organized. The following officers were elected: President, Maud Ussery; vice-president, Ruth Russell, and secretary-treasurer, Nell Young. Extensive plans are under way for a new nurses' home in connection with the Levi Memorial Hospital and a \$25,000 addition to the hospital free dispensary is being made. Elda Chaffee has succeeded Nell Young as head nurse and Artie Lee Sheffield has been appointed chief clinic nurse at the hospital.

California: Oakland.—THE FABIOLA ALUMNAE held its annual meeting on April 30, to which the graduating class of 1921 was invited. Beginning May Day, 1921, one half of the alumnae dues will be placed to the credit of the "Jennie Jessen Memorial Relief Fund" for local needs. Nurses were urged to contribute to the National Relief Fund, and to the National Educational Fund.

Colorado.—Mary B. Eyre has been appointed president of the Colorado State Board of Nurse Examiners.

Connecticut: Hartford.—Katherine E. Hayes, class of 1919, Mary E. McCarthy, senior nurse, and Mollie T. O'Leary, junior nurse of the St. Francis Hospital School for Nurses have entered the Novitiate of the Sisters of St. Joseph.

Delaware.—THE DELAWARE STATE BOARD OF NURSE EXAMINERS will hold the next examination on Monday, June 6, at the Delaware Hospital, Wilmington. All applications must be in ten days before the date of examination. Applications should be filed with the secretary, Mary A. Moran, 1313 Clayton Street, Wilmington, Delaware.

Florida.—THE FLORIDA STATE BOARD OF EXAMINERS OF NURSES will hold an examination for registration of graduate nurses on June 5 and 7, and for registration of licensed attendants on June 8 at the Flagler Hospital, St. Augustine. Applications should be filed fifteen days previous to date of examination with the secretary, Louisa B. Benham, Hawthorne. THE FLORIDA STATE NURSES' ASSOCIATION held their annual meeting on March 19, in Jacksonville. The following officers were elected for the ensuing year: President, Louise Collins; vice-presidents, Ella Tesch and L. A. Booth; secretary, Jeanie Craig; treasurer, Ola Connell. Following addresses by Prof. A. Hathaway and by Dr. T. Z. Cason, a supper, concert and dance were enjoyed by the members present.

Georgia.—DISTRICT ASSOCIATION No. 4 has been active during the year. Three new sections have been organized: Public Health; Private Duty, and League of Nursing Education. The association conducts the Nurses' Club, which was organized two years ago. The Central Directory, which is in the club house, is self-supporting and the nurses and general public have been greatly benefitted by its development. Its usefulness was especially felt during the influenza epidemic. The total calls for the year were 4,242, most of which were filled. The association has conducted several benefits for financing the club. From these benefits \$75 was donated to King's Daughters for a Tuberculosis Clinic and a Children's Nursery.

Illinois: Chicago.—Owing to the recent consolidation of the Divisions of the American Red Cross several new Field Directors of Nursing Service from the Northern Division have been added to the staff of the Central Division. Phyllis M. Dacey, former Acting Director of the Department of Nursing of Northern Division, will be an associate of Minnie H. Ahrens, Director of the Department of Nursing of Central Division, with headquarters in Chicago. Frances Brink is Field Director of Nursing Service in Minnesota. She is also Supervising

Nurse of the Minnesota State Department of Health. Ruth Houlton is Assistant Field Director of Nursing in Minnesota and is also Miss Brink's assistant in the Minnesota State Department of Health. Ruth Bracken is Field Director of Nursing Service in North Dakota. She is also Supervising Nurse of the North Dakota State Department of Health. Mary Fraser is Field Director of Nursing Service in South Dakota. She is also Supervising Nurse of the South Dakota State Department of Health. With the transfer of Michigan from Central Division to Lake Division, I. Malinde Havey, Field Director of Nursing Service in Michigan, transfers her headquarters to Cleveland, Ohio. ST. LUKE'S HOSPITAL will hold commencement exercises for the class of 1921 on May 16. An alumnae reception to the graduating class will be held May 17. THE PRESBYTERIAN HOSPITAL NURSES' ALUMNAE ASSOCIATION held its annual meeting on April 5. The following officers were elected: President, Cora Ayer; vice-president, Mrs. Adelyn E. Richter; secretary, Henrietta Ritchie; treasurer, Mary Morley. The annual luncheon will be held May 17. Jane Delano Post, American Legion, held its monthly meeting on April 4. THE ELIZABETH MCCORMICK MEMORIAL FUND will conduct an institute for the training of nutrition workers June 13-23. Dr. William R. P. Emerson, of Boston, will give lectures and class demonstrations, assisted by members of the staff of the Elizabeth McCormick Memorial Fund. For information concerning the institute write to the Elizabeth McCormick Memorial Fund, 6 North Michigan Avenue, Chicago. Carol Martin, a graduate of the Presbyterian Hospital, Chicago, and recently a student at Teachers College, has taken the place of Katherine Ohmsted, as Executive Secretary, Central Council of Nursing Education. Mrs. Estelle C. Kock, class of 1914, Presbyterian Hospital, Chicago, has resigned her position as superintendent of the Henrotin Hospital and is now Business Manager of the Oak Park Country Club, Oak Park, Ill. Ella Ottery, class of 1916, Presbyterian Hospital, Chicago, has accepted a position with the Metabolic Clinic of the Cottage Hospital, Santa Barbara, Calif. Edna Love has resigned her position in St. Luke's Hospital and has gone to be with her parents at her home in Haverhill, Massachusetts.

Indiana.—THE INDIANA STATE BOARD OF REGISTRATION AND EXAMINATION OF NURSES will hold an examination for the registration of applicants on May 20 and 21 in the State House, Indianapolis. Applications should be filed with the secretary, Edna Humphrey, Crawfordsville. **LaFayette.**—Grace Morehouse, graduate of the LaFayette Home Hospital, has resigned her position as Flower Mission nurse and has accepted a position as public health nurse in Logansport, Ind.

Iowa: Burlington.—DISTRICT No. 2 held a meeting at the Burlington Hospital, on March 19. Merle Wright told of her nutrition classes; a report of the proposed legislation was considered; and Dorothy Erdman, Field Director for the Red Cross Public Health Nursing outlined organization plans for county nursing for the coming year. A group of school children sang health songs. The Association instructed the secretary to send telegrams to all senators and representatives from the district asking them to favorably consider the nurses' bill. An invitation to Washington was accepted for the June meeting. **Cedar Falls.**—District No. 4 had its March meeting at the Sartori Hospital. The President, Nanna Colby, gave an interesting account of a legislative meeting held in Des Moines. The next meeting will be held at Waverly. **Waterloo.**—THE NURSES' CLUB met with Minnie Malbaner on April 7. THE PRESBYTERIAN HOSPITAL ALUMNAE ASSOCIATION at its annual meeting accepted several new members.

This Association was organized last year and is growing rapidly. Centerville.—THE ALUMNAE ASSOCIATION OF ST. JOSEPH'S HOSPITAL was organized recently and has affiliated with District No. 2.

Kansas.—THE KANSAS STATE BOARD FOR EXAMINATION AND REGISTRATION OF NURSES will hold an examination for state registration in Topeka, June 1 and 2. Nurses expecting to take this examination should file their applications at least ten days before the examination with the secretary of the Board, Sister Mary Helena, St. Barnabas Hospital, Salina. Topeka.—CHRIST'S HOSPITAL ALUMNAE will hold its annual meeting at the hospital on June 7. Neva Anderson has been appointed delegate to the state meeting.

Kentucky: Louisville.—THE KENTUCKY STATE ASSOCIATION OF REGISTERED NURSES will hold an annual meeting June 8-10 in Louisville.

Maryland: Baltimore.—THE MARYLAND STATE BOARD OF EXAMINERS OF NURSES will hold an examination for State registration during the third week in May. All applications must be filed fifteen days prior to the date of examination, with the secretary, Mary Cary Packard, 1211 Cathedral Street, Baltimore. Evelyn Oliver, class of 1903, Johns Hopkins Hospital Training School, has resigned her position at that hospital and has accepted the position as superintendent of the Mission Hospital, La Grange, Ga. Lucy Chisholm, class of 1903, and Ada Cresap, class of 1910, Johns Hopkins Hospital Training School, have gone to La Grange, Ga., to assist Miss Oliver. Mary Macdonald class of 1903, Johns Hopkins Training School, has resigned her position with the National Mental Hygiene Society and has sailed for Europe with her brother, Colonel J. F. Macdonald. Marie Wunsch and Lillie Harmon, graduates of Johns Hopkins Hospital, have recently accepted positions as floor supervisors at St. Luke's Hospital, St. Paul, Minnesota.

Massachusetts.—THE MASSACHUSETTS STATE NURSES' ASSOCIATION will hold its annual meeting June 13-14. "Graduate Nurses' Night" is to be held on the evening of June 14. Boston.—THE MASSACHUSETTS BOARD OF REGISTRATION OF NURSES will hold an examination June 28-29. Applications must be filed at least seven days prior to the date of the examination, with the secretary, Walter P. Bowers, M.D., State House, Boston. THE MASSACHUSETTS HOMEOPATHIC HOSPITAL ALUMNAE ASSOCIATION gave two small plays recently to raise money toward a fund to provide books for the library. The sum of fifty dollars was raised. THE BOSTON NURSES' CLUB held its quarterly meeting February 23. F. C. Irving, M.D., spoke on Some of the Latest Methods in Obstetrics. On February 18 a tea was given in honor of the retiring State Treasurer, Charlotte W. Dana, who was at one time treasurer of the club. On March 19 a mass meeting was held for the purpose of recruiting student nurses. THE BOSTON LYING-IN HOSPITAL NURSES' ALUMNAE ASSOCIATION has placed an enlarged photograph of Mrs. E. J. A. Higgins, and a brass plate with dates 1873-1914 in the reception room. Mrs. Higgins was Superintendent of the hospital for forty-six years. The graduate nurses are urged to join the Alumnae Association and are requested to send their names to Cornelia Macpherson, Faulkner Hospital, Jamaica Plain, Mass. Cambridge.—THE BOSTON NURSES' CLUB gave a reception and tea recently to Linda Richards at her home. She was handsomely remembered by her friends. Miss Richards is now in Foxboro, Mass. Fall River.—THE NURSES' ALUMNAE ASSOCIATION OF THE UNION HOSPITAL entertained the class of 1921 at a dinner on April 6. Jessie M. Cann, directress of nurses, Margaret Carrington, Instructress, and Mary K. Nelson, who was recently appointed Superintendent of the New England Division of the American Red Cross, were also guests. Lawrence.—THE LAWRENCE GENERAL HOSPITAL

held graduating exercises on April 2 for twenty-one nurses. An address was given by Edward Howard Griggs, A.M., L.H.D., on Self-culture and Social Service Through the Vocation. Many members of the class are planning to fit themselves for some special work. One member is preparing for foreign missionary work. Pittsfield.—THE ALUMNAE ASSOCIATION OF THE HOUSE OF MERCY HOSPITAL held a dance recently for the benefit of the alumnae house. Ida J. Anstead, superintendent of the House of Mercy Hospital, addressed the students of the Dalton High School recently on Choosing a Vocation, in connection with the state recruiting campaign. The Henry W. Bishop 3d Memorial Training School was represented at the state meeting for recruiting in Boston, by the President of the Board, a supervisor, and a student nurse.

Michigan.—THE MICHIGAN STATE NURSES' ASSOCIATION will hold its annual meeting at the Durant Hotel in Flint on May 3, 4, 5 and 6. M. Irene Gibbons is chairman of the Committee on Arrangements. Ann Arbor.—THE ALUMNAE ASSOCIATION OF THE UNIVERSITY OF MICHIGAN TRAINING SCHOOL FOR NURSES is planning a reunion to be held the week of June 25. All graduates of the school are urged to attend. The secretary, Josephine Nott, University Hospital, Ann Arbor, Michigan, will arrange for accommodations if notified by June 1.

Missouri: St. Louis.—ST. JOHN'S HOSPITAL ALUMNAE ASSOCIATION has placed two gold stars on its service flag for the two members lost in service: Miss Koellner, who died in France and Miss Kleinfelter, who died in camp. Ida Crook, class of 1921, St. John's Hospital, is taking a course as technician. A course of six lectures on Medical Jurisprudence and Parliamentary Law has been given to the alumnae members of the St. John's Hospital, by Charles Newman, Attorney.

Nebraska: Lincoln.—THE NEBRASKA BOARD OF NURSE EXAMINERS will hold its next regular examinations in Omaha and Lincoln, May 23 and 24. For information and applications, write H. H. Antles, Secretary, Department of Public Welfare, Lincoln, Nebraska.

New Hampshire: Manchester.—THE EXECUTIVE OFFICERS AND BRANCH CHAIRMEN OF THE FACTORY NURSES' CONFERENCE held a special meeting at Boston University on March 19 for the purpose of adjusting the policies of the organization and to consider the recommendations of employers for extending the scope of industrial nursing to meet present social and economic situations. Representatives from Connecticut, Massachusetts, New Hampshire and Rhode Island were present.

New Jersey.—THE NEW JERSEY STATE BOARD OF NURSE EXAMINERS will hold its next examination for certificate of registered nurse on June 17, in the State House, Trenton. Applications must be filed at least fifteen days prior to date of the examination, with the secretary-treasurer, Elizabeth Higbid, 302 McFadden Bldg., Hackensack, New Jersey. THE NEW JERSEY STATE NURSES' ASSOCIATION and THE NEW JERSEY STATE LEAGUE OF NURSING EDUCATION held an annual meeting on April 6 in Hackensack. The following officers were elected: President, Elizabeth J. Higbid; first vice-president, Annie Curry; second vice-president, Katherine Leith; secretary, Mrs. A. N. Pierson; treasurer, Jennie Manly; director, Jennie M. Shaw. At the League meeting held on April 5, Annie W. Goodrich gave a paper on Present Problems in Nursing Training Schools and Methods of Relief. Harriet Gillette spoke on The Conditions under which the Length of Nurses' Training Might Be Reduced. Marietta B. Squires spoke on Nursing in the Department of Personal Relations of a Large Department Store. E. E. Pierce gave a paper on The Eastern Council of Nursing Education. Hon.

Spencer D. Baldwin gave the address of welcome at the meeting of the New Jersey State Nurses' Association on April 6. Mabel Hall responded. Florence M. Johnson, Red Cross Nursing Service, Atlantic Division, gave a paper on Plans for Recruiting Student Nurses; and Dr. Julius Levy, Director, Child Hygiene Division, Department of Health, Newark, N. J., gave an address on the Importance of the Child Hygiene Work, and on the Supervision of Midwives. The meeting was very well attended. Long Branch.—THE MONMOUTH MEMORIAL HOSPITAL SCHOOL OF NURSING, held commencement exercises for twelve graduates on March 11. Isabel Stewart, of Teachers College, delivered the address, which was followed by a reception.

New York: Buffalo.—DISTRICT ASSOCIATION No. 1 held its monthly meeting on March 16 at the Club House. A nominating committee was appointed for the annual election of officers to be held in May. A committee of nurses representing the hospitals of the district was also appointed to consider means of interesting young women to enter hospitals having registered training schools for nurses. The next meeting will be held on April 20, at the Erie County Hospital. Rochester.—DISTRICT ASSOCIATION No. 2 invited the Senior nurses of the training schools in the district to be guests at its March meeting. Talks were given explaining the need for nurses in the various nursing activities, including the Red Cross; League of Nursing Education; Alumnae, District, State and National Organizations. Invitations were extended to the nurses to become Club members, to join the Central Directory and to become JOURNAL subscribers. A social hour followed the meeting. THE LEAGUE OF NURSING EDUCATION held a meeting on April 5. Student nurses from various hospitals discussed some of the problems in the training schools. Oneida.—DISTRICT ASSOCIATION No. 7 held its regular meeting at the Broad Street Hospital, on March 10. Dr. Eugene Carpenter gave an illustrated lecture on the History of Medicine, and a social hour followed. The next meeting will be held in Little Falls, and will be a "Dutch Supper." Saranac Lake.—THE SARANAC LAKE GRADUATE NURSES' ASSOCIATION, DISTRICT No. 8, met with Alida B. Craig, on April 5. Dr. S. F. Blanchet gave a talk on the results he had obtained in the treatment of tuberculosis by use of the Alpine Lamp. New York City.—THE ADVISORY COUNCIL appointed under the Nurse Practice Act at its first meeting on February 10, elected Amy M. Hilliard secretary. Annie W. Goodrich and Theodora LeFebre are also members of the Council. Olive Garland, class of 1909, St. Luke's Hospital, New York City, is superintendent of Deer Lodge Hospital, Winnipeg, Manitoba. THE NEW YORK COUNTIES REGISTERED NURSES ASSOCIATION, DISTRICT No. 13, held a meeting on March 1, and elected the following officers: President, Isabel Lount Evans; vice-president, Emily Robinson; recording secretary, Julia Phillips; corresponding secretary, Madeline Oldfield; Board of Trustees: Miss Greener, Miss Golding, Miss Greenthal, Miss Brockway, Miss Lurkins, and Elizabeth Burns. THE NEW YORK INDUSTRIAL NURSES' CLUB was organized in November by the industrial nurses of New York and vicinity. With an initial membership of fifteen nurses, each succeeding meeting has shown a rapidly increasing membership. Through the courtesy of the Metropolitan Life Insurance Company, delightful dinner meetings are held each month in the employees' lunch room, and men and women who are prominent in public health affairs speak. The personnel of this club consists of representatives of all classes of industry. The secretary is Marjorie Lewis, 1919 7th Avenue, New York City. THE FRENCH HOSPITAL TRAINING SCHOOL FOR NURSES held graduating exercises on March 30. Dr. Seth Milliken addressed the graduating class. L. Wrong, class of 1910, St.

Luke's Hospital, New York City, is in charge of the Home for Children at Sea Cliff, Long Island.

North Carolina: Raleigh.—THE BOARD OF EXAMINERS OF TRAINED NURSES OF NORTH CAROLINA will meet in Raleigh, June 8-10, and will hold an examination for the registration of nurses in the House of Representatives. Applications should be filed with the secretary, Effie E. Cain, 1206 South Fulton Street, Salisbury.

Ohio.—THE OHIO STATE NURSES' ASSOCIATION will hold its state meeting on May 12-17 in Cleveland. THE OHIO NURSES' EXAMINING BOARD will hold the next examinations for nurses on June 9, 10, and 11. Applications should be filed with the secretary, H. M. Platter, M.D., State House, Columbus. A Publicity Campaign for recruiting student nurses is being conducted throughout the state. Mary Gladwin has been engaged as state speaker, and will devote the coming few months to speaking at colleges, clubs, etc., in Ohio, Indiana, and Kentucky. The campaign headquarters for DISTRICT No. 4 has been established at the Nursing Center, and Mrs. Husk has been appointed Executive Secretary to direct the campaign. Bill 249 in the legislature, which provided for a complete reorganization of the administration of state affairs, has been amended to the extent of making no proposed change in the administration of medical and nursing examinations or the control of such Boards. Dayton.—An institute for instructors and directors of nursing schools was held for five days in April. Discussions and demonstrations were held on the methods of teaching Anatomy and Physiology, Practical Procedures, Pediatrics, Ethics, History of Nursing, Materia Medica, Bacteriology, Hygiene, Dietetics, Medical Nursing and Obstetrics. Cincinnati.—THE SENIOR CLASS OF THE CHRIST HOSPITAL at the February meeting of the Christ Hospital Alumnae Association voted to subscribe as a class to the AMERICAN JOURNAL OF NURSING. This class has the honor of being the first class to publish *The Revista*.

Oregon: Portland.—THE EMANUEL HOSPITAL ALUMNAE ASSOCIATION, which was organized on March 30, has been admitted to the state association. Frances Ellis has resigned from the State Board of Nurses Examination and Registration and Jane V. Doyle has been appointed to finish her unexpired term. Grace Phelps has been appointed as the new member on the Board to serve three years.

Pennsylvania: Erie.—DISTRICT ASSOCIATION No. 8 held its annual meeting on January 28, at which the alumnae associations of the Hamot, St Vincent's, Corry, Warren State and Meadville City Hospitals were represented. Harriet Gillette, formerly directress of nurses, Hamot Hospital, resigned as president of the district. Miss Gillette has accepted a position as inspector of training schools in New York State. The following officers were elected for the ensuing year: President, Faith Collins; vice-presidents, Elizabeth Brooks and Lillian Sieger; secretary, Susan McFeeley; treasurer, Mrs. Mary Ferringur; directors for three years: Agnes Heibel, Margaret McLaren; directors for two years: Miss Lester, Lydia Whiton, Mrs. Amy McLaren. The first quarterly meeting was held March 16 and the President appointed the following chairmen for the various committees: League of Nursing Education, Margaret McLaren; Public Health Nursing, Susan McFeeley; Private Duty Section, Agnes Waitman; Eligibility, Lydia Whiton; Nominations, Edna Stafford; Education and Publicity, Mrs. Amy McLaren; Auditing, Elizabeth Brooks; Nurses' Relief Fund, Ethlyn Secort. Clare Peck, Superintendent of Oil City Hospital, was a visitor at the meeting and gave good suggestions on recruiting the student nurses. The next meeting will be held in Corry, in May. Philadelphia.—THE PHILADELPHIA GENERAL HOSPITAL

ALUMNAE ASSOCIATION held its annual meeting on March 28, and the following officers were elected: President, S. Lillian Clayton; vice-president, Sarah A. Krewson; secretary, Beryl P. Worth; corresponding secretary, Mary Van Thuyne; treasurer, Mrs. Mary Brogan Gillespie. **Pittsburgh.**—**THE MERCY HOSPITAL ALUMNAE ASSOCIATION** at its regular meeting elected the following officers: President, Jane Moran; vice-presidents, Rose Nagle and Rose Kaiser; secretary, Nora Ammon; treasurer, Minnette DeLozier. Rev. James P. Cox was elected chaplain. Father Cox served as chaplain to Base Hospital No. 27 in France. The Alumnae Association entertained the graduating class at a ball on April 11. **Braddeock.**—**THE BRADDOCK GENERAL HOSPITAL ALUMNAE ASSOCIATION** at its annual meeting elected the following officers: President, A. Luiseumayer; vice-president, S. Harvey; secretary, Mrs. M. Turner; treasurer, Mrs. M. Moore. The following members were elected chairmen of committees: Membership, Mrs. M. Moore; Visiting, Mrs. S. Boli; Auditing, E. Walberg; Social, L. Spraggow. Arrangements have been made to entertain the graduating class of 1921 at a luncheon and theater party. The Association has thirty-nine resident and six non-resident members.

Rhode Island: Providence.—**THE RHODE ISLAND HOSPITAL ALUMNAE AND THE RHODE ISLAND HOSPITAL NURSES' CLUB** held a joint meeting on March 29. Dr. Frederick T. Rogers gave an illustrated address on his recent trip to China. A campaign for recruiting nurses was planned for April 11-16.

South Carolina.—**THE SOUTH CAROLINA STATE BOARD OF NURSE EXAMINERS** will hold its next examination for the registration of nurses beginning June 28. Applications should be filed with the secretary, A. Earle Boozer, M.D., Columbia.

South Dakota: Mitchell.—**DISTRICT ASSOCIATION No. 2** will hold its annual meeting on May 2.

Texas: Cuero.—**DINTER POST No. 3, AMERICAN LEGION**, gave a reception to Ella White, who spent nearly three years in Europe during the war. The Rouss Hospital also entertained Miss White. A silver drinking cup was presented to her by the nurses of Cuero, as an expression of appreciation for her services.

Virginia.—**THE VIRGINIA STATE NURSES' ASSOCIATION** will hold its annual meeting in Danville on May 25-27.

Wyoming.—**THE WYOMING STATE NURSES' ASSOCIATION** will meet on June 4 in Cheyenne. **THE WYOMING STATE BOARD OF NURSE EXAMINERS** will hold an examination for the registration of nurses in Cheyenne, on June 1-2-3. All applications should be filed in advance with the secretary, Mrs. H. C. Olsen, 605 East 21st Street, Cheyenne.

BIRTHS

On February 14, in Cincinnati, Ohio, a daughter, Florence, to Mr. and Mrs. Wesley Woolenweber. Mrs. Woolenweber was Florence Weisenbach, class of 1917, The Christ Hospital, Cincinnati, Ohio.

On February 11, in Los Angeles, Calif., a daughter, Dorothy Alice, to Mr. and Mrs. Belyea. Mrs. Belyea was Grace McKay, a graduate of the Massachusetts Homeopathic Hospital.

On March 19, in New York City, a daughter, Arlene Ruth, to Mr. and Mrs. W. May. Mrs. May was Selma Buschatsky, class of 1918, Lenox Hill Hospital, New York City.

On March 29, in Sidney, Montana, a son, Houston Haddon, to Dr. and Mrs. H. H. Parsons. Mrs. Parsons was formerly Nora M. Shearer, class of 1912, Jefferson Hospital, Philadelphia, Pa.

On February 22, a daughter, to Mr. and Mrs. Kerr. Mrs. Kerr was Miss Walkomis, a graduate of St. Joseph's Hospital, Reading, Pa.

On February 25, in Schenectady, N. Y., a second son, Wilson Farnsworth, to Mrs. Edward L. Clark. Mrs. Clark was Eleanor Fowle, class of 1918, Massachusetts General Hospital, Boston, Mass.

Recently, a daughter, to Dr. and Mrs. Rapp. Mrs. Rapp was Lena Bjornstadt, class of 1919, St. Luke's Hospital, Chicago, Ill.

On April 7, in Point Marion, Pa., a son, to Mr. and Mrs. A. E. Conn. Mrs. Conn was Marguerite Martin, class of 1916, Allegheny General Hospital, Pittsburgh, Pa.

On March 1, in Chicago, Ill., a son, John, to Dr. and Mrs. William Hewitt. Mrs. Hewitt was Ada Monroe, class of 1912, Presbyterian Hospital, Chicago, Ill.

On March 20, in La Junta, Colo., a daughter, Bernadine Ann, to Mr. and Mrs. J. A. Noble. Mrs. Noble was Bernadine Fennelly, class of 1916, Presbyterian Hospital, Chicago, Ill.

On January 14, a son, to Mr. and Mrs. A. W. Ghoreyeb, of Java, Palestine. Mrs. Ghoreyeb was Hazel Titus, class of 1915, Presbyterian Hospital, Chicago, Ill.

On March 22, in Chicago, Ill., a daughter, Dorothy, to Dr. and Mrs. Bernard Sharp. Mrs. Sharp was Alice Percy, class of 1916, Presbyterian Hospital, Chicago, Ill.

On March 13, in Pueblo, Colo., a daughter, Catherine Josephine, to Mr. and Mrs. Alfred Christian. Mrs. Christian was Faye L. Jackson, class of 1907, Presbyterian Hospital, Chicago, Ill.

On February 3, in Hartford, Conn., a son, Joseph Michael, Jr., to Mr. and Mrs. J. M. Gallagher. Mrs. Gallagher was Clara E. Payne, class of 1916, Presbyterian Hospital, Chicago, Ill.

On March 11, in Albuquerque, N. M., a son, to Dr. and Mrs. P. G. Cornish, Jr. Mrs. Cornish was Dora Thomas, St. Luke's Hospital Training School, New York City.

On February 1, in Chicago, Ill., a daughter, Helen Hamilton, to Dr. and Mrs. McNeill. Mrs. McNeill was formerly Helen Hamilton.

Recently, in Detroit, Mich., a daughter, Mary Lucille, to Mr. and Mrs. T. J. Foley. Mrs. Foley was Mary Halloran, class of 1917, St. Francis Hospital School for Nurses, Hartford, Conn.

On March 5, in Holly Bluffs, Miss., a son, to Mr. and Mrs. Lacy Stoner. Mrs. Stoner was G. Rae Shively, a graduate of the LaFayette Home Hospital, LaFayette, Ind.

On February 13, in Wilsonville, Ore., a daughter, to Mr. and Mrs. Raymond B. Seeley. Mrs. Seeley was Susanne Brunner, class of 1916, St. Vincent's Hospital, Portland, Ore. She was a member of Base Hospital No. 46, A. E. F.

On December 2, 1920, a daughter, Helen Jean, to Mr. and Mrs. Horace G. Wilson. Mrs. Wilson was B. Sylvia Broughton, class of 1916, Hahnemann Hospital, Chicago, Ill.

On March 11, a daughter, Eileen Doris, to Mr. and Mrs. Jesse E. Messer. Mrs. Messer was Muriel Cornell, class of 1919, Hahnemann Hospital, Chicago, Ill.

MARRIAGES

On March 26, in Casper, Wyo., Lillian Myers, class of 1920, Christ's Hospital, Topeka, Kansas, to C. E. Arrighi. Mr. and Mrs. Arrighi will live in Denver, Colo.

Recently, Mona Wiede, class of 1920, Christ's Hospital, Topeka, Kansas, to Charles Plath. Mr. and Mrs. Plath will live in Lawrence, Kansas.

On January 26, in San Antonio, Texas, Edith Harris, class of 1917, Washington University Training School, to J. W. Prewitt. Mr. and Mrs. Prewitt will live in San Antonio.

On December 6, 1920, Pauline Cook, class of 1918, Washington University Training School, to James R. Dean, M.D. Dr. and Mrs. Dean will live in Los Angeles, Calif.

On December 28, 1920, Helen R. Harrison, class of 1918, Washington University Training School, to Hugo Muench, Jr., M.D. Dr. and Mrs. Muench left for Brazil the latter part of March, where Dr. Muench will be one of the senior officers of the International Public Health Service.

On February 25, in Houston, Texas, Ann Schlafendorf, class of 1918, City Hospital, Blackwell's Island, N. Y., to Major John B. Banguss, of the U. S. P. H. S., Hospital No. 25, Houston, Texas.

On January 1, Hilda Mann, class of 1920, University of Pennsylvania Hospital, Philadelphia, Pa., to Leslie E. Jones. Mr. and Mrs. Jones will live in Berkley-Norfolk, Virginia.

On March 3, Mildred Deputy, class of 1916, Cincinnati General Hospital, Cincinnati, Ohio, to Charles F. Bouldin. Mr. and Mrs. Bouldin will live in Baltimore, Md.

On February 4, in New York City, Irma Loyce Dunham, class of 1916, City Hospital, Auburn, N. Y., to Alfred Archer Bourne, of New York City. Miss Dunham was formerly an operating room nurse at the Mercy Hospital, Auburn, N. Y.

On March 26, Ethel Grimes, to Harry Shorter, of Litchfield, Illinois. Both Mr. and Mrs. Shorter were in service overseas. Miss Grimes served with Mobile Unit No. 1, in France.

On March 8, at Waukesha, Wis., Lola Dea Williams, class of 1920, Presbyterian Hospital, Chicago, Ill., to John Youman, M.D., of the Massachusetts General Hospital, Boston, Mass.

On February 10, Alice Stewart, of St. Louis, Miss., to Carlisle Rozier, of Farmington, Mo.

On March 10, in Plymouth, Ind., Laura Bonnett, class of 1917, Bloomington City, Ind., to Royal Leonard Simmons. Miss Bonnett was formerly a nurse for Elkhart County. Mr. and Mrs. Simmons will live in Elkhart.

On March 11, in St. Paul, Minn., Mabel Scott, class of 1917, Indianapolis City Hospital, to Roy Huggins. Miss Scott was superintendent of the Noblesville Hospital previous to her marriage. Mr. and Mrs. Huggins will live in St. Paul.

Recently, in Mexico City, Mexico, Kora Kramer, class of 1918, Robert W. Long Hospital, Indianapolis, Ind., to Alden Joseph Hiern. Miss Kramer was on the staff of the American Hospital in Mexico City. Mr. and Mrs. Hiern will live in Coyoacan, Mexico.

On March 19, in Mexico City, Mexico, Mary Esther Perkins, class of 1919, American Hospital, Mexico City, Mexico, to H. A. Monday, M.D. Dr. and Mrs. Monday will live in Mexico City.

Recently, Elizabeth Holmes, class of 1909, Episcopal Hospital, Philadelphia, Pa., to Fred Clarke. Mr. and Mrs. Clarke will live in Paulsboro, N. J.

On March 12, in New York City, Helen M. Lawrence, class of 1897, Orange Memorial Hospital, Orange, N. J., to Edward D. G. Conkling, M.D. Dr. and Mrs. Conkling will live in Newark, N. J.

On April 6, in Toronto, Canada, Margaret Johnston, to A. Daunt Golden, M.C. Mr. and Mrs. Golden will live in Toronto.

In March, Hildegard Katherine Hedburg, class of 1920, Henry W. Bishop 3d Memorial Training School, Pittsfield, Mass., to Vincent Cronin.

On February 7, in Newport, Ky., Ada Morrison Richey, class of 1914, Christ Hospital, Cincinnati, Ohio, to William Hedges Taylor.

On March 21, in Fort Myers, Fla., Mabel Sharp, class of 1916, Christ Hospital, Cincinnati, Ohio, to Clay S. Fisher. Mr. and Mrs. Fisher will live in Fort Myers, Fla.

On March 9, in Akron, Ohio, Leah Belle Maxwell, class of 1919, Christ Hospital, Cincinnati, Ohio, to Charles W. Ferree. Mr. and Mrs. Ferree will live in Point Marion, Pa.

On April 5, in Bristol, Conn., Anna T. Scott, class of 1920, St. Francis Hospital School for Nurses, Hartford, Conn., to John B. Wall. Mr. and Mrs. Wall will live in Hartford, Conn.

Recently, Blanche M. Bartlett, Bangor, Me., to Mr. Davis. Mr. and Mrs. Davis live in Howland, Me.

Recently, Katherine M. Teale, class of 1901, Christ's Hospital, Topeka, Kan., to Mr. Nicholas. Mr. and Mrs. Nicholas will live in Kingman, Ariz.

Recently, Martha E. Keaton, class of 1916, Christ's Hospital, Topeka, Kan., to Edward Poster. Mr. and Mrs. Poster will live in Pittsburgh, Pa.

On March 22, Margaret Louise Mitchell, class of 1914, Union Hospital, Fall River, Mass., to Thomas R. Buchan. Mr. and Mrs. Buchan will live in Fall River, Mass.

Recently, Mary Alberta McLaughlin, class of 1914, Union Hospital, Fall River, Mass., to Charles D. Ewing. Mr. and Mrs. Ewing will live in Pawtucket, R. I.

On January 1, Ruth Meyers Hawbecker, class of 1920, Hahnemann Hospital, Chicago, Ill., to Harlan Stech, of West Chicago, Ill.

On February 16, Nellie J. Easton, class of 1919, Hahnemann Hospital, Chicago, Ill., to Clarence B. Moser of Strawberry Point, Iowa.

On March 31, Lydia Patience Barnes, class of 1918, Hahnemann Hospital, Chicago, Ill., to Edward Z. Genter, of Shanesville, Ohio.

On January 26, Amelia Mumm, class of 1908, Hahnemann Hospital, Chicago, Ill., to Robert K. Gilbert, of Riverton, Wyo.

On February 10, in Portland, Ore., Margaret Belle Rhodes, class of 1919, St. Luke's Hospital, New York City, to Harry E. Bonine, M.D.

On March 14, in Los Angeles, Calif., Marjorie S. Adams, class of 1918, St. Luke's Hospital, New York City, to August P. Johnson. Mr. and Mrs. Johnson will live in San Francisco, Calif.

On February 22, Bonnie Rector, graduate of the LaFayette Hospital, LaFayette, Ind., to Floyd Mennen. Mr. and Mrs. Mennen will live on a farm near LaFayette.

On December 18, 1920, Opal Jones, graduate of the LaFayette Home Hospital, LaFayette, Ind., to Lt. Russell Williamson. Lt. and Mrs. Williamson will live in Los Angeles, Calif.

On March 30, Amelia K. Etchman, graduate of the Children's Homeopathic Hospital, Philadelphia, Pa., to Alonzo R. Langway.

On April 9, in New York City, Esther Camille Cunkle, class of 1919, Hahnemann Hospital, Philadelphia, Pa., to Charles Maxwell Jones, of Ashbowine, Pa. Mr. and Mrs. Jones will live in Germantown, Pa.

On April 2, in New York City, Emily Rempsen, class of 1914, Bridgeport Hospital, Bridgeport, Conn., to L. J. Lynch. Mr. and Mrs. Lynch will live in Boston.

Recently, Mae C. Lewis, class of 1917, Philadelphia, Polyclinic Hospital, Philadelphia, Pa., to William V. Lacey. Mr. and Mrs. Lacey will live in Philadelphia.

DEATHS

On February 12, at the Mercy Hospital, Hamilton, Ohio, Pearl Schisler, class of 1917, Christ Hospital, Cincinnati, Ohio. Miss Schisler was a member of Base Hospital No. 25, and during her entire term of enlistment, both here and abroad, gave untiring and loyal service.

Recently, at her home in Lakewood, N. J., following an illness of many months, Mrs. Maude E. Fisher. Mrs. Fisher was Maude E. Bayley, a graduate of the Rochester General Hospital, Rochester, N. Y. She was held in the highest esteem by all who knew her and her loss is deeply felt.

On March 22, at the home of her parents, near Delaware, Ohio, Irma Benton, class of 1916, Jane M. Case Training School for Nurses, Delaware, Ohio. Miss Benton had been for several years a faithful and efficient private duty nurse. At the time of her illness she was in Cincinnati, Ohio, studying to become a missionary. She leaves many friends who mourn the great loss felt in her death.

Recently, in Los Angeles, Calif., Mrs. Harriett Tompkins Lum. Mrs. Lum was Harriett Tompkins, class of 1912, Connecticut Training School for Nurses, New Haven, Conn.

On January 25, in New Haven, Conn., after a distressing illness of many months, Mrs. Julia R. Marsh, class of 1899, Connecticut Training School for Nurses, New Haven, Conn. Many friends mourn her loss deeply.

On April 14, at the Washington Boulevard Hospital, Chicago, Ill., Mrs. E. R. Fabel. Mrs. Fabel was Charys Jones, class of 1917, Presbyterian Hospital, Chicago, Ill.

On April 14, at the U. S. Hospital, No. 30, Drexel Boulevard, Chicago, Ill., Theresa Gilligan. Miss Gilligan had been ill a long time. She saw overseas service and was for ten years a faithful and efficient nurse in charge of the Dispensary work at the Juvenile Court of Cook County. The nursing profession has lost a valuable member.

On March 17, at St. Luke's Hospital, Jacksonville, Fla., Margaret Grace, class of 1901, Adelaide Hospital, South Australia. Miss Grace had served overseas the first two years of the war and after receiving her honorable discharge, she returned to Jacksonville and was in charge of the City Hospital. Miss Grace was ill only a short time and her death is a shock to her many friends who mourn her loss.

BOOK REVIEWS

GRACE H. CAMERON, R.N., DEPARTMENT EDITOR

TUBERCULOSIS, ITS CAUSE, CURE, AND PREVENTION. By Edward O. Otis, M.D. Thomas Y. Crowell Company, Publishers, New York. Price, \$2.00.

This is a revision of the popular book, *The Great White Plague*, which appeared about ten years ago. As the great crusade against tuberculosis has become so universal, people are everywhere eager to learn secrets of this world-wide disease. There is a distinct note of hopefulness in the book. The work with the children and the industrial work in mills, factories, etc., are perhaps the two most prominent lines of effort at present. Statistics show a decrease of fatalities from this disease. "The past success brings courage and hope and 'so long as we are fighting with hope,' says Sir William Osler, 'the victory is in sight.'"

THE COMMUNITY HEALTH PROBLEM. By Athel Campbell Burnham, M.D. The Macmillan Company, New York.

Perhaps the scope of this book can best be presented by quoting from the preface: "Public Health Nurses and practicing Physicians, who because of routine duties have been unable to follow the recent health literature, are sometimes handicapped in their work because of a lack of understanding of the modern movement toward the socialization of medicine. For such, and all others interested in the improvement of health conditions as part of a community welfare movement, this work is intended." The present health problem with the suggested relief measures are briefly yet clearly stated. We learn many interesting facts under such captions as "The Health of the Community"; "The Public Health Nurse"; "The Campaign for Better Health"; "Compulsory Health Insurance"; "Health Centers"; and others. One can obtain a fairly comprehensive understanding of the subject in this small volume.

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